The “Gut-Feeling”

Identifying Children with Internalizing Behavior in Kindergarten

Tonje ELLINGSEN

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Master of Philosophy in Special Needs Education
Department of Special Needs Education
Faculty of Educational Sciences

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Abstract

Internalizing behavior can manifest itself in many different ways, and therefore be very difficult to discover. Children with internalizing behavior can appear to be quiet, introverted and withdrawn. Children with externalizing behavior more often act out and seem to be kicking and screaming in order to get attention, a tactic which often works because it is easier to identify. Children with internalizing behavior deserve the same attention.

This study looks at what kindergarten staff do in order to identify and help children with internalizing behavior. The five participants in this qualitative interview study were employees in two different kindergartens in Oslo, Norway. One kindergarten was small with traditional grouping, while the other one was a large kindergarten with flexible grouping.

The main research questions was «What do kindergarten employees do in order to identify and help children with internalizing behavior?». Three subquestions were added regarding to what extent the kindergarten has any routines for identification of such behavior, the prerequisites of the kindergarten employees, and what they can do in order to prevent children from developing internalizing behavior.

The data was interpreted through a theoretical framework using Bowlby's attachment theory, resilience theory, risk factors and protective factors and the International Child Development Programme (ICDP).

The findings from the study suggest that the identification process is very individual and depends more on the quality of the pedagogues than on the structure of the kindergarten.

Key words: Internalizing behavior, identification process, routines, kindergarten, prevention.

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Writing my master thesis has been a long and memorable journey. I have learned about a million things along the way, not only on the subject of special needs education, but also things about myself as a person which I never knew was there.

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To Troels. If you hadn't believed in me that way that you do, I would never have had the courage to begin the journey, nor the strength to reach the end.

Tonje

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«Unless someone like you cares an aweful lot, nothing is going to get better. It’s not.»

Dr. Seuss.

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1 Introduction

This thesis is about how kindergarten staff in Oslo, the capital of Norway, identifies children with internalizing behaviors and what they do in order to help these children thrive. After working in kindergarten with children with special needs the past few years, I have come to appreciate the importance of early identification, the competency of kindergarten staff and their ability to include all children regardless of the challenges they face. With all the demands on kindergartens to prepare children for school, teach them basic life skills and make sure everyone becomes socially competent playmates, it seems to require a small miracle in order to document each child's development, and to catch all those who fall behind.

The purpose of this study is to try to understand how kindergartens in Norway work in relation to identifying children who show signs of internalized behavior, and what type of measures are implemented in order to ensure that these children get the special help they need in order to thrive.

Children with internalizing problems might be the first to get overlooked, as they have a tendency to seem quiet, introverted and self-sufficient. How can we know if we have caught them all?

1.1 Background

Previously, society viewed kindergarten and preschool as a type of childcare. It was a place where someone could look after the children while the parents worked. It was a place where children received care. Now that view has changed. Alongside the movement for women's rights, women left their kitchens and entered the workforce. Since not everyone have the luxury of nearby grandparents who are able and willing to look after the young ones, a demand grew to make childcare readily available. Resourceful parents wanted more for their children than just story time and a comforting lap to sit on. In 2003, all but one of the political parties agreed on changes to the laws regarding kindergarten. A maximum parental fee was set, municipal and private kindergartens were to be treated equally regarding financial matters and an intensive plan to expand kindergartens was set in motion. In 2006 the responsibility

related to kindergarten was moved to the ministry of Education and Research, signaling a change from childcare to child-education.

The Framework Plan for the Content and Tasks of Kindergarten came in 2006 and made it clear that all kindergartens should plan their work based on these guidelines, related to seven different categories including language and communication, body and health, arts and culture and ethics and religion. The Framework Plan is rooted in the Kindergarten Act, the UN Convention on the Rights of the Child and ILO's convention no. 169, and underlines the important task kindergartens have been given, to discover children with special needs and to prevent problems from escalating. The Framework Plan was edited in 2011, and allowed kindergarten staff to plan their work in accordance with goals that were standard for all children (Rammeplanen, 2011). The work on the Framework Plan came alongside the work to provide all children the opportunity to attend kindergarten. Therefore, in January 2009, the government introduced the individual statutory right to a place in kindergarten (NOU 2010:8).

The individual statutory right to a place in kindergarten meant providing childcare for all children twelve months and older. In 2010, 96,5% of all three to five-year olds in Norway attended kindergarten (Schjølberg, Lekhal, Vartun, Helland and Mathiesen, 2011). In order to do this, each municipality had to reorganize existing kindergartens, as well as build several new ones to accommodate the increase in number of children between the ages of one and three who would apply to kindergarten. The result for many municipalities, especially those densely populated, has been a marked increase in the number of large kindergartens with flexible grouping, who accommodate 100 or more children. When more kindergartens are built and old ones are adjusted to make room for more children, along with it comes a large demand for qualified staff. St.meld. nr. 16 (2006-2007), which is a White Paper from the Norwegian parliament, reports that highly qualified staff members are essential in order to ensure that the framework for kindergarten is followed. At the same time, they also admit that there is hardly any research done on the quality of Norwegian kindergartens. The debate began whether placing the children in kindergarten was harmful or beneficial to the child. Some said that the noise, stress and little one-on-one contact with an adult could be harmful.

The debaters on the other side felt that kindergartens were a perfect opportunity for the child to learn much needed social skills and language development which can only be done in a social setting and pedagogical institution like a kindergarten (Schjølberg et al., 2011). As a result of this, Winslow and Gulbrandsen came with their report regarding the quality and

quantity in Norwegian kindergartens in 2009. They asked the question of whether the focus on the goal of reaching full kindergarten coverage for all children over the age of twelve months, has been at the expense of the quality provided. Winslow and Gulbrandsen (2009) found that 31% of kindergartens had at least one kindergarten teacher who did not have the proper education required. But when comparing the overall answers divided into 30 different quality indicators, kindergartens in general scored higher on quality in 2008 than in 2004 (ibid). When 45 different countries were ranked according to quality in kindergarten care, Norway placed third right after Finland and Sweden. Norway's high score came from a high percentage of children attending kindergarten and low parental fees, but had a lower percentage of qualified pedagogues and parent counseling (St.meld 24, 2012-2013).

In 2011, the International Research Institute of Stavanger (IRIS), introduced their research on the structural organization of the kindergartens, and how it relates to the quality of care. They found that even though larger kindergartens with flexible grouping often had a younger staff with a higher education, the pedagogues in larger kindergartens with flexible grouping spent less time with the children and more time attending to organizational matters when compared to smaller kindergartens. They also found that smaller kindergartens may have a high level of stability in their staff, but they didn't have many opportunities to develop and to reinvent themselves, because of the low number of co-workers. The conclusion was that a medium sized group-based kindergarten would be the best option, both in terms of the education-level of the staff members and the predictability of smaller group-size for the children (Vassenden, Thygesen, Brosvik Bayer, Alvestad & Abrahamsen, 2011).

Regardless of how many children attend kindergarten, each child has the right to be seen and heard. Children who have already been identified with special needs get preferred enrollment in the kindergarten of their choice. Children who are identified with special needs after they start kindergarten, have the right to special needs education. The Norwegian law of Education (Opplæringsloven) states that each child who does not receive satisfactory benefits of the education provided, should be offered special education (Opplæringsloven §5-1, 1998). Special needs education does not mean that the children should have to attend a special kindergarten, as the Norwegian kindergartens have a strong focus on inclusion. The intention of inclusion is not just adjusting the physical environment to suit every ones needs, but that each child should be able to participate in the educational program and the social settings at their own pretenses (St.meld. nr 18, 2010-2011). Statistics tell us that about 2.1 percent of the

total population of children attending kindergarten between the age of one and five, receive special needs education (St.meld. 24, 2012-2013).

Because of the recent changes to the Framework Plan for the Content and Tasks of Kindergartens (Rammeplanen, 2011), it has become more important to prevent that screening and testing children becomes utilized the wrong way. The Norwegian Ministry of Education and Research suggests developing guidelines in relation to screening, documenting and evaluating children, in order to prevent the identification process from becoming a search for normalcy. At the same time, they suggest making it obligatory for the kindergartens to provide the schools with written documentation about the child's interests, play, learning and development (St.meld.nr. 41, 2008-2009). If screening, identification and documentation of all children become obligatory, it also becomes necessary to look at the routines which are already in place. Documenting the child's development is not to compare children to one another or to look for a diagnosis, but to make sure that each child receives the help they deserve and are given the best chance possible to reach their potential. Cameron, Kovac and Tveit (2011) found that the pedagogical psychological counseling services (PPT) do not think that the kindergarten staff is competent enough to identify children with special needs. If kindergarten staff feel the same way, that they are not qualified, do they hesitate to contact the pedagogical psychological counseling services? The consequences can be severe if the kindergarten staff does not complete the observation, assessments and mapping because they are worried that the pedagogical psychological counseling services (PPT) do not approve of their work. PPT would then have to do the observations and assessments themselves, a time consuming activity which could have been spent helping more children.

Implementing intervention as early as possible has financial advantages, seen through a social perspective. It is more cost-efficient to prevent social and learning difficulties early on, than it is to repair damage that has already been done (St.meld nr. 41, 2008-2009). The earlier the child receives help, the more likely it is that larger, more complicated problems are averted. And even though this is becoming common knowledge and pretty much everyone agrees that early intervention is the way to go, statistics show that special needs education increases as children get older, completely opposite of the intention of early intervention (St.meld. nr. 16, 2006-2007). According to the Norwegian department of Education and Research (2008-2009), the kindergarten is obligated to ensure that children with special needs receive early intervention. They want to ensure that all children with special needs are identified as early as

possible, so that they can receive the help that they need in order to reach their full potential. Is this placing too much responsibility on kindergarten staff or are they ready to rise to the challenge? Do they feel they have enough education related to special needs, psychological disorders and the accompanying interventions, or is the identification process a type of educated guesswork?

Kindergarten is going through a process of changing from childcare to child education. Part of the process involves providing all children over the age of 12 months a place in kindergarten and kindergartens across the country are being renovated and erected, one bigger than the other. At the same time the law requires pedagogues to document and report, to assess and discover each individual child and meet their every need.

When we place more children in larger buildings, we risk losing some along the way. Not physically, but those already vulnerable children, the quiet ones who withdraw into themselves when the real world becomes too loud, too complicated and much too frightening. My heart aches for these quiet children, who do not have a voice to speak up for themselves and demand to be noticed for who they are. These children are often overlooked and overshadowed by children who act out and claim attention. Children with internalizing behavior also need attention. This thesis is for them.

1.2 The Research Question

In order to focus the investigation, the following research questions were developed:

What do kindergarten employees do in order to identify and help children with internalized behavior?

To further specify the relationship of the identification process related to prerequisites of kindergarten employees, the extent of their routines and the nature of preventive measures used, these sub questions were added:

Sub questions

- To what extent do they have routines to identify children with internalizing behavior?
- What prerequisites do kindergarten employees have in order to identify children with internalized behavior?

- What can the kindergarten do in order to prevent internalizing behavior in children who show signs of negative development?

Through these questions I hope to gain an understanding of how kindergarten employees work in order to identify and help children with internalized behavior. The main goal of this thesis will be to identify the trials and tribulations kindergarten employees face in their attempt to live up to the task of identifying all children given to them by the Department of Research and Education, with the intention of developing knowledge regarding the important, and perhaps overlooked, subject of internalizing behavior.

1.3 Clarifying terms

1.3.1 Internalizing behavior

Internalizing behavior tend to be directed inward. Children with internalizing behavior often appear to be quiet, shy and self-reliant and are characterized by over-controlling their emotions. Internalizing behaviors often manifest themselves in disorders such as anxiety disorders and depressive disorders (Brumariu & Kerns, 2010). Internalizing behaviors, problems, and symptoms is used interchangeably in research, even though they might exist on a continuum where symptoms might be at the lighter end of the scale, behaviors somewhere towards the middle and internalizing problems in the more severe end. In this paper, the term internalizing behaviors will be used synonymously to encompass all aspects of the term. Internalizing behavior and the various diagnosis associated with the behavior, will be explained in more detail in chapter two.

1.3.2 Kindergarten

The term kindergarten in this thesis refers to the Norwegian form of kindergarten, which is a combination between childcare, preschool and kindergarten. It is an institution which provides education and care for children between zero and six. Kindergarten is voluntary, and is meant as a helping hand to families were parents have to work, as well as a pedagogical institution which help children prepare for the obligatory schooling beginning at age six.

Although it is a pedagogical institution, the focus is more on education through play and less through classroom activities like reading and writing.

The distinction between small and large kindergarten follow the same groupings as Vassenden et al. (2011) in their IRIS rapport. A small kindergarten has less than 30 children attending, whereas a large kindergarten is one with 80 children or more. In this study, the large kindergarten uses a flexible grouping, whereas the small kindergarten use the more traditional grouping.

1.3.3 Kindergarten staff

In this thesis, the term kindergarten staff will include everyone who works in the kindergarten, participating in the pedagogical setting for the children. These are the kindergarten directors, the pedagogues, the preschool teachers, assistants, pedagogical co-worker, children and youth workers as well as substitute workers. Some may work under the title pedagogical leader, but not meet the educational requirements necessary. Since these people have the same responsibilities as any other pedagogue, there will not be made a distinction between the two. Many kindergartens also rely on both regular and transient substitute workers in order to get through the day. Even though substitute workers usually don't have much of a say in relation to the identification process, they are an important part of the kindergarten staff.

1.3.4 Prerequisites

Prerequisite is a term which encompasses several concepts, and which can be interpreted in many different ways. In this thesis, the term prerequisite will contain the participants previous education, experience, knowledge, social skills as well as their felt competence. This is a very subjective interpretation of the term, especially since it includes their felt competence, but it is included because it is essential to answering the research question. Several years of formal university or college education does not count for much if the participants felt competence is non-existent.

1.4 Narrowing the focus

In this study, I will look at the internalizing behavior of children and the relation to the identification process in kindergarten. I will also try to understand what the kindergarten employees know about internalizing behavior and how to identify this intricate special need, as well as how they use this knowledge in order to help children and implement measures that benefit the children.

Internalizing behaviors are problems which a child exhibits, whereas abuse and neglect are problems which children experience. Because of the time-limits of this study, abuse and neglect will be considered as a separate category which will not be discussed in detail in this thesis. Abuse and neglect is unfortunately a real problem and an important issue to discuss, and a short sentence in this thesis would not be sufficient to encompass all the aspects of the topic. The purpose of this study is not to find or explain the causes of internalizing behavior, but to focus on what to look for, what kindergarten staff can do to identify children early and what they can do to help these children with internalizing problems the best way possible.

The pedagogues and the assistants interview all work with children aged three till six. This is a reflection of the most common way to divide the children, with the younger children aged twelve months to three years in one group, and the older children aged three years to six years in another group. This older age group was chosen specifically, as internalizing behavior is part of the socio-emotional psychological difficulties, which can be very difficult to identify in children under the age of three. It is not saying that is it not possible to identify these children earlier, but the cases might be few and far between, making the sampling procedure extremely difficult.

1.5 The structure of the thesis

Because internalizing behavior is not usually a part of people's everyday vocabulary, chapter two gives a brief introduction of what internalizing behavior is, what it looks like and which diagnosis tend to be associated with the behavior.

Chapter three outlines the theoretical framework which will be used for the analysis of the material throughout the thesis. This chapter includes an introduction to Bowbly's attachment theory, as well as resilience theory. The last part of the chapter gives a description of the

International Child Development Programme (ICDP), developed by Karsten Hundeide and Henning Rye. The ICDP is a counseling program originally intended for parents, which in this case will be treated as a preventive measure in the development of internalizing behavior.

The methodology is described in chapter four, including qualitative research design, the planning and implementation of an interview study, data collection, ethical considerations and methods for coding.

The final chapter, chapter five, presents the data, the interpretation of the data and how the data relates to the theoretical framework. The chapter ends with my personal reflections and concluding remarks.

2 Internalizing behavior

In this chapter I will describe and define internalizing behavior and explain what internalizing behavior might look like. I will also give a brief introduction of some of the disorders which are associated with the behavior, and also describe externalizing behavior at the other end of the continuum.

Internalizing behavior is directed inward and can include variations of withdrawal, depression and anxiety (Gimpel & Holland, 2003). Others mention that internalizing behaviors is consistent with "a core disturbance in intropunitive emotions and moods" usually referring to sorrow, guilt, fear and worry (Zahn-Waxler, Klimes-Dougan & Slattery, 2000, p. 443). As children's emotional problems are usually identified by their caregivers on the basis of what the caregiver observes, internalizing behaviors can be very difficult to discover. Internalizing behavior can be expressed differently at each age group, within each child, and depending on the context. The child's ability to express their own emotions becomes more complex as they develop. For the youngest children, it can be very difficult to differentiate what are signs of psychological difficulties and what is part of so-called normal development. In cases where parents are uncertain, the kindergarten can be a safe and non-threatening arena to address these concerns and for the parents to get input from someone with first-hand knowledge about their child and experience with internalizing behaviors (Schølberg et al, 2011).

2.1 What internalizing behavior looks like

Rodriguez (2011) mention that because internalizing behaviors are not easily observed, especially when the observer has little knowledge about the existence of such behaviors, children with internalizing behaviors are often overlooked and thought of as quiet and independent children. What might look like independence at first glance, might hide several clues for someone who knows what to look for. A child with internalizing behavior often slouch, look down at their feet, stand far away from where the action takes place and avoid large crowds altogether. Some teachers and pedagogues might even enjoy that these children are quiet and don't require any extra attention, because there are so many others who clearly do (Lund, 2012).

Internalizing behaviors such as shyness, feelings of sorrow and worry are not necessarily a sign of problems or something that will hinder the child's development later on. Internalizing behaviors become a problem when they are prolonged and consistent, when the child experiences an intense anxiety or sadness, and when the child has difficulties controlling their emotions. It is important that the adult who is assessing the behavior, to note the context, the frequency, the effect on the general quality of life and the social consequences of the behavior (Lund, 2012). Children who show signs of internalizing behavior can often "over-control" their emotions, and suppress them instead. It is when these behaviors begin to interfere with the daily life of the child that one can call it an internalizing problem (Zahn-Waxler et al., 2000). Ingrid Lund (p. 24, 2012) asks the question "For who is the behavior difficult?", and defines the behavior as a problem when the internalizing behavior begins to interfere with learning. Internalizing behaviors become a problem when they are allowed to develop without intervention or care, and the symptoms manifest themselves in depression and anxiety, including a wide range of inhibition, withdrawal and mood-symptoms (Rodriguez, 2011).

2.2 Associated diagnosis

Even though there are several anxiety disorders and depressive disorders associated with internalizing behavior in young children, it is rare that children in kindergarten receive a formal diagnosis. However, this does not mean that these children will not benefit from intervention (Gimpel & Holland, 2003). Screening procedures, assessment and mapping children's development are topics which are constantly under debate, and rightfully so. Documenting how a child develops in order to compare children or to look for a diagnosis can do more harm than good. Gimpel and Holland (2003) mention the critique of applying diagnostic criteria like the DSM – IV (Diagnostic and Statistical Manual of Mental Disorders, 5th edition) or the ICD-10 (International Statistical Classification of Diseases and Related Health Problems 10th edition), to children as they have been developed for use with adults and therefore may not be reliable. A relatively new diagnostic tool has been developed specifically for young children, called Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, or DC 0-3. This is meant for children between the age of zero and four year of age (Mathiesen, Karevold & Knudsen, 2009).

The disorders are diagnosed on the basis of internalizing symptoms are separation anxiety disorder (SAD), general anxiety disorder (GAD), social phobia, specific phobia, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) in the anxiety category, and major depressive disorder (MDD) and dysthymic disorder (DD) in the category of depression. In a recent rapport from Folkehelseinstituttet (Norwegian Institute of Public Health), it is said that anxiety and depression are among the most common psychiatric illnesses for children and youth. They estimate that about 40 percent of children who suffer from depression, also struggle with a comorbid anxiety disorder (Mathiesen, Karevold, & Knudsen, 2009). Bipolar disorder is also included under the depressive disorders, but it is never diagnosed in young children, and will therefore not be discussed in further detail (Brumariu & Kerns, 2010).

Separation anxiety disorders (SAD) is an internalizing disorder which is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) under disorders usually first diagnosed in infancy, childhood or adolescence. Children with SAD are characterized as anxious and fearful, and become visibly distressed when they are separated from their caregivers (Gimpel & Holland, 2003). At first glance this might be considered normal behavior for most toddlers between the age of 18-24 months of age attending kindergarten. After the toddler years, it can become a problem when the anxiety begins to interfere with normal functioning, and the anxiety must be severe compared with other children the same age (Gimpel & Holland, 2003).

Other anxiety disorders include generalized anxiety disorder (GAD) characterized by excessive anxiety, social phobia, which involves fear of social situations, obsessive compulsive disorder (OCD) characterized by various combinations of obsessions and compulsions, and specific phobia which is persistent fear of an object or a situation (Gimpel & Holland, 2003). These diagnoses are rarely given to children still attending kindergarten, and often it is up to the adult to subjectively decide whether the fear is excessive or not (Gimpel & Holland, 2003). Anxiety in children might appear different than in adults. For the youngest children the signs are usually related to difficulties with sleeping, eating, cleanliness and play. In order for the anxiety to be defined as a problem, it must be atypical for the age-group, be experienced as intensely frightening and have a negative effect on the child at home, in school and with friends (Mathiesen, Karevold & Knudsen, 2009).

Depressive disorders include major depressive disorder and dysthymic disorder. In the DSM-IV there are no specific criteria just for children, even though their symptoms may be different from those of adults. Often, younger children have difficulties explaining how they feel, and instead complain of stomach aches, become irritable or withdraw from activities they previously enjoyed (Gimpel & Holland, 2003). It is often characterized by a longer period of disturbed mood, irritability and anhedonia, meaning lack of pleasure (Zahn-Waxler et al., 2000). Mathiesen, Karevold and Knudsen (2009) add disturbances in sleep pattern, lack of appetite, weight gain and weight loss, and problems with concentration to the list of symptoms.

Gimpel and Holland (2003) estimates that the prevalence rates for preadolescent children with depression, is less than three percent, but notes that this number might be misleading due to the fact that kindergarten-aged children are usually not included in these prevalence figures. Apart from a generally depressed mood, young children with depression can experience symptoms such as insomnia or hypersomnia, weight loss or weight gain, and concentration difficulties. Symptoms must be present for at least two weeks to get a diagnosis of depressive episode. Dysthymic disorder is a mild form of depression, lasting one year or longer.

2.3 Externalizing behavior – an opposite or just part of a continuum?

While internalizing and externalizing behaviors are seen as two opposites, it might come as a surprise to find that internalizing and externalizing disorders have a relatively high comorbidity rate (Zahn-Waxler et al., 2000). A child who shows signs of internalizing behaviors in one setting, is almost guaranteed to show signs of externalizing behaviors in another setting. It is almost never either-or, but both (Lund, 2012). Studies have found that while externalizing disorders have a tendency to decrease as children get older, internalizing disorders tend to increase with age (Mathiesen, Sanson, Stollmiller &Karevold, 2009). This again points to the importance of early identification and early intervention, making kindergarten one of the best suited arenas for discovering children's abnormal social development.

It does however rely on the prerequisites of the kindergarten staff, and would never work if the pedagogue does not feel like he or she has enough education or experience to have an

opinion about such difficult matters. It is therefore so important that these pedagogues have a good relationship with special needs teams or PPT, so that the threshold to pick up the phone is very low. It is better to ask for a second opinion one too many times, instead of one too little. And for each time the pedagogue meets with the special needs educator or a psychologist, the more experience they gain. Hopefully, the more experience they have, the easier it is to trust their gut-feeling.

Externalizing behavior is directed outward, which can make it easier to discover. Often these children receive more attention, because their behavior can be disruptive to other children. The quiet children with internalizing behavior tend to get lost in between the children with externalizing behaviors, because the ones who have externalizing behaviors require so much attention and presence by the adult (Lund, 2012). The disorders which are associated with externalizing behaviors is attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD) (Gimpel & Holland, 2003).

The research on this topic shows many worrisome results. Mesman and Koot (2001) did a study on how well internalizing problems in kindergarten could predict a diagnosis related to internalizing behavior eight years later. They found that the children who had internalizing problems when in kindergarten, were three times as likely to have a diagnosis eight years later. They also point out that because these behaviors seem fairly stable, early identification and interventions may be very cost effective. Mathiesen, Sanson, Stoolmiller and Karevold (2009) reports that some of the problems which were present when the children where only two years old, were likely to persist and correlated with internalizing problems at age four and a half. Another longitudinal study found a link between maternal smoking during pregnancy and both internalizing and externalizing behaviors from age five to age eighteen. Even though they could not establish whether prenatal smoking actively affected the child's behavior or whether prenatal smoking was genetic marker, they do show that prenatal smoking is a risk factor and that when these behaviors occur, they are stable over time (Ashford, van Lier, Timmermans, Cuijpers & Koot, 2008).

3 Theoretical framework

Children are not born as blank slates, yet there are some essential life-skills which they need to learn from their caregivers, usually the parents. Those skills include recognizing emotions, understanding one's own emotions and the cultural codes of social interaction. It is therefore that the child's relationship with the caregiver becomes so important in understanding the child's internalizing behavior, when it seems that the foundations are laid in infancy.

In this chapter I will give a brief presentation of attachment theory and resilience theory with its risk factors and protective factors. I will also describe how the International Child Development Programme (ICDP) can be viewed as a measure of prevention.

3.1 Attachment theory

The development of attachment theory and the ideas of using the parent or primary caregiver as a secure base is first and foremost a joint effort between John Bowlby and Mary Ainsworth. Later, other researchers have contributed with more modern interpretations and slight modifications in order to make the theory hold its own in todays' ever changing society.

Bowlby (1988) stressed the importance of observation in young children, as he saw that characteristics which were evident early in life, gave a clear indication as to the future development of that child. After his report on "Maternal care and Mental Health" to the World Health Organization (WHO) in 1951, society began to change their view on the importance of the relationship between caregiver and child, regarding children's psychosocial development (Rye, 2007). With his development of attachment theory, Bowlby attempts to explain how children with secure attachment patterns explore the world around them, while constantly looking back to their caregiver for approval and returning at the first sign of distress. This then leads to a positive reaction in the caregiver, and an emotional attachment develops. Attachment behaviors is defined as "care and protection-oriented" behaviors (Howe, 2011).

Bowlby himself admits that it was the work of Mary Ainsworth which made attachment theory widely known, and pays his respect to her and her contributions by naming one of his books "A Secure Base" after Ainsworth's ideas (Bowlby, 1988).

Mary Salter Ainsworth worked with Bowlby at the Tavistock clinic in the early 1950s, but it was after spending some time aboard in Uganda that she developed the idea of the mother as a secure base from which the child explores (Bowlby, 1988). The concept of a secure base came from an experiment that Ainsworth called "The Strange Situation" (Rye, 2009). The Strange Situation test was designed to observe the child's reaction pattern as the caregiver left the child alone in an unfamiliar setting with a stranger, only to return moments later. These observations resulted in three main categories of attachment (Bowlby 1988, Rye, 2007, Lund, 2012). Bowlby and Ainsworth's work on attachment theory and the research which came as a result of this theoretical framework represents the first attempt to understand internalizing disorders within a developmental psychological framework (Zahn-Waxler et al., 2000).

3.1.1 Secure Attachment

A secure attachment pattern is characterized by a mutual sensitivity between the caregiver and the child. The child uses the caregiver as a secure base, always making sure that the caregiver is close by yet at the same time feeling confident that the caregiver will never leave. Caregivers with a secure attachment to their child continue to encourage autonomy and for the child to become independent and exploratory. The securely attached child finds a balance between autonomy and exploration (Lund, 2012). The parents also make sure that the child knows that they will always be there should the child need them (Bowlby, 1988). The children with secure attachment feel safe around their caregiver, and become visibly distressed when the caregiver leaves the room. When the caregiver returns, they show signs of relief and calm down relatively easily only to resume their exploration (Rye, 2007). A securely attached child is the result of a caregiver who is sensitive to the child's needs and consistent in their response, allowing the child to be able to predict the response before it happens (Zahn-Waxler et al., 2000).

Research has shown that attachment patterns can persist through generations, where those who develop a secure attachment pattern to their children, often had a secure attachment with their own parents and so on (Rye, 2007). Unfortunately, the same holds true for the insecure attachment patterns, which make it even more important to be aware of how this affects the children and the development of internalized behavior. Research has already shown that children with an insecure attachment pattern are more likely to experience behavioral

problems later in their childhood (Calkins, Blandon, Williford & Keane, 2007). As Bowlby (1988) so eloquently puts it:

> *All of us, from cradle to grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figure(s) (p. 69).*

3.1.2 Avoidant Attachment

Avoidant attachment is an insecure attachment pattern, which is sometimes referred to as anxious/resistant attachment. An avoidant attachment pattern is characterized by the child wanting neutral contact and trying not to rely on the caregiver in times of distress. The children adopt a self-reliant strategy (Brumariu & Kerns, 2010). Children with avoidant attachment patterns seem to experience discomfort when dealing with strong emotions. Because they have not had the opportunity to reflect on these emotions and learned constructive strategies in how to deal with them, they tend to run into difficulties in forming close relationships (Howe, 2011). Research has found that children with an avoidant attachment pattern at age one, were more likely to receive an anxiety disorder diagnosis when they became adolescent (Gimpel & Holland, 2003, Zahn-Waxler et al., 2000).

This attachment pattern is often the result of constant rejection from the caregiver, and the child avoids the caregiver as a type of defense mechanism. By not initiating contact, they do not rick facing rejection (Brumariu & Kerns, 2010, Lund, 2012). These children also learn how to read the emotions and the mood of the caregiver. This way they can try to anticipate the caregiver's reaction and always do the right thing (Howe, 2011). Internalizing behavior has often been linked to insecure attachment patterns, where researchers think there is a connection between the inconsistency in availability of the attachment figure and the development of internalizing behavior (Mesman & Koot, 2001).

3.1.3 Ambivalent Attachment

An ambivalent attachment pattern often develops when the caregiver does not impose boundaries for the child and they are inconsistent in their responses (Brumariu & Kerns,

2010). The caregiver in an ambivalent attachment pattern is characterized by being unreliable and insensitive, resulting in a child who is unable to regulate his or her emotions. These children fight for attention, cry, scream and plead. The danger of inconsistent parenting is that the child begins to think that they are unworthy of the attention the parents finally give them (Howe, 2011). Lund (2012) notes that the inconsistency might seem threatening for the child. The child therefore responds by being clingy when the caregiver leaves, only to reject the caregiver once he or she returns. Children with an ambivalent attachment pattern have a general lack of independence. They have poor social skills, yet they have a fear of being alone. These children can often display signs of separation anxiety, because separation is seen as a precursor to abandonment (Howe, 2011).

3.1.4 Disorganized attachment patterns

Although it has been found that all the attachment patterns exist on a continuum with multiple variations, some children simply don't fit into these organized attachment patterns. Main and Solomon came up with a disorganized attachment pattern, in order to categorize all those children who did not display a coherent pattern in their relationship with a caregiver (in Brumariu & Kerns, 2010).

Disorganized attachment patterns seem to be common in children whose caregivers are hostile, aggressive, or emotionally unavailable (Brumariu & Kerns, 2010). Because the response from the caregiver is so incoherent, the child never learns to regulate emotions and the arousal system is constantly activated (Howe, 2011). Children with a disorganized attachment pattern often show signs of both avoidance and ambivalence, and have a tendency to do the opposite of what they are told to do, or simply go into their own world making them difficult to connect to (Lund, 2012).

Gimpel and Holland (2003) point out that since so many of these problems can be identified when the children are still in kindergarten, and have a tendency to persist throughout adolescence and adult life, it is essential that early interventions are put in place in order to prevent the problems from escalating. It is also worth mentioning that children with a disorganized attachment pattern, who also have a quiet demeanor, have a tendency to become

anxious and turn their feelings inward (Lund, 2012). It is when this inappropriate pattern is allowed to develop without intervention that children end up with internalizing problems.

3.2 Resilience theory, risk factors and protective factors

Although the literature is becoming quite extensive, very little is known about the protective factors of internalizing behaviors (Zahn-Waxler et al., 2000). Resilience is about finding moderators, be it people or skills, which help a person overcome challenges despite everything else going against them. Howe (2011) defines resilience as "the successful negotiation of challenges and risks" (p. 72). Lund (2012) interviewed youth with internalizing behavior, and found that they all agreed on one thing: that they wanted the teacher to push them a little bit harder, to not give up and to keep asking them to speak up in class. For those who had overcome their difficulties, it was that one person who was there for them, made them feel safe and pushed them in the right direction.

Zahn-Waxler et al., (2000) asks the question "Why then do girls, who appear resilient and relatively impervious to childhood mental disorders, later show so many internalizing problems?" (p. 457) and tries to answer the question that perhaps the same qualities which protects the girls against antisocial behaviors in the childhood, are the same qualities which creates the risk factors for internalizing problems in adolescence. They also discuss the possibilities of the difference in emotional responsiveness, differential treatment of boys and girls, shyness and dependency in girls, parents having higher expectations for girls than for boys as possible risk factors.

Twin studies have shown that it is the environmental factors which have the highest influence early in life. When considering anxiety and depression in children specifically, it was found that most of these children lived in regular families with adequate care. There were some risk factors, like parents with mental illness, conflict between the parents or other family members, negative life events combined with a lack of social support and the temperament of the child being extremely shy or negative (Mathiesen, Karevold & Knudsen, 2009). Because it has been found that it doesn't seem like there are any major warning signs which stand out and raise the red flag, it becomes even more important for the kindergarten to have a good

relationship with the parents, as well as being highly skilled in identifying signs of internalizing behavior. Interventions starting as early as in kindergarten appear to have the most effect (ibid).

When Brumariu and Kerns reviewed the empirical findings of research looking at attachment patterns and internalizing symptoms in childhood and adolescence, they found that there was no clear indication whether a secure attachment pattern acted as a protective factor or an insecure attachment pattern serves as a risk factor for developing internalizing behaviors (2010). On the other hand, Mathiesen, Karevold and Knudsen rapport that resourceful parents, social support and a warm, consistent parenting style, like that characteristic of a secure attachment pattern, can be protective factors against developing internalizing behavior in childhood (2009).

Calkins, Blandon, Williford and Keane (2007) looked at the context of risk factors like socioeconomic status, marital status, number of siblings, parent stress and parent psychopathology, related to biological, behavioral and relational resilience factors when comparing children with externalizing problems and internalizing problems. Their longitudinal study consisted of three different cohorts, and included 441 children in the sample. Their study showed that helping the parents – child dynamic become more coherent and more harmonious, acts as a buffer from the contextual risk factors. This is a well-known fact for the International Child Development Programme (ICDP), who bases their intervention on improving the communication and mediation between caregiver and child in order to develop a greater social competence.

3.3 ICDP

The International Child Development Programme (ICDP) is the most commonly used parental counseling program. Experience shows that ICDP is an effective and efficient program which helps the parents identify their resources as parents, instead of focusing on the flaws (St. meld. 24, 2012-2013).

Trevarthen and Stern have both developed theories regarding the innate qualities of infants in their process of communication. Bowlby and Ainsworth focus on the importance of a secure

attachment with the caregiver, whereas Vygotsky, Feuerstein and Klein give emphasis to the mediation by others. What they all have in common is the component of social interaction, and that this is perhaps the most important part of how children develop ways for meaningful communication and emotional understanding. Karsten Hundeide and Henning Rye developed the International Child Development Programme combining all these theories while at the same time always keeping the child's best interest in mind (Rye, 2005).

The ICDP dialogue programme is structured around eight themes of positive interaction which can be divided into three dialogues. Through group discussions, participants become aware of their own caregiving style, how they interact with the children and are more in tune with the child's needs. Rye (2007) explain the program as a "family-oriented" early intervention program, even though the ICDP is just as much a program for caregivers working with children, health care workers and social workers. This intervention program has been used in many countries around the world, giving caregivers the best tools to give their children the best possible chance of development (Rye,2007).

The ICDP program is not designed to educate caregivers in how to raise their children or tell them what the best way to teach a child is. The goal of the program is to sensitize parents and caregivers, and to make them more aware of how they interact and communicate with their children, so that positive interaction becomes second nature even in situations when the parent or caregiver is stressed and tired. The idea is that the parent or caregiver becomes more aware and conscious of their own communication style, and is therefore able to transfer this positive interaction to their child (Rye, 2005).

Although the ICDP program consists of dialogue meetings, where a group of individuals discuss, reflect and share experiences, it is just as much a type of counseling session. And much like in the client-centered counseling tradition of Carl Rogers, empathy, genuineness and mutual respect are essential in creating a safe environment for the participants to share their concerns as well as successes (Lassen, 2000). Karsten Hundeide and Henning Rye talk about the fact that even though ICDP is considered a program for parental guidance, the principles and strategies used work just as well in interaction between adults, spouses and in the work place. They also define the objective of the program to be promoting healthy psychosocial care for individuals who work in caregiving. This includes parents, kindergarten staff, teachers, healthcare workers and the like (2007).

The ICDP programme is conducted by certified facilitators, and follows a set structure in order to ensure quality and consistency. There are three dialogues, divided into eight themes and seven principles for sensitization. The facilitator invites participants based on certain criteria, whether it is parents, parents of children with special needs, or professionals, and can usually include eight to twelve participants in each round. The participants join because they want to learn something, they are interested in improving their communication with children and they commit to attending all meetings, about eight to ten meetings in total.

The intention is not to tell caregivers how to care for their children, but to tap into the wealth of experiences, knowledge and intuition that each person has within them. The theoretical basis for the ICDP can be found in Bowlby and Ainsworth's attachment theory, in using the caregiver as a secure base from which to explore the world around them. ICDP recognizes that the child's attachment to the primary caregiver sets the standard for how to child develops attachment with others. Trevarthen, Stern and Rye's research on communicative development has influenced ICDP in that ICDP also sees communication as the key to a child's social development, and that a foundation of positive interaction and communication pattern is vital in developing friendships and participating in the social world. Last but not least, Feuerstein, Kline and again Rye' s work on mediated learning theory sets the standard for how the ICDP encourages positive mediation as a tool to help children in their development.

The ICDP dialogue programme combines the best components from each of these theories in to an easy to understand intervention programme, which can be used with parents, caregivers, health care workers, social workers or anyone interested in learning about how to communicate with children in a positive way.

4 Methodology

The thought behind this study is to try to understand the way pedagogues and other kindergarten staff work with issues related to internalizing behavior, how they identify the behavior, what they do to prevent it, and what they do to help those children who are already showing signs of problem behavior. This chapter will outline the methodology and research design used to try and answer such questions. I will give a brief explanation of the qualitative interview and an overview of the sampling process. Then I will give a presentation of the participants as well as describe the interview guide, the pilot interview, how the interviews were conducted, and last but not least, a mentioning of reliability, validity, generalizability and ethical considerations for this study.

4.1 Research Design

The research questions in this study relates to the real world, how things are actually done, how the pedagogues feel about the task of identifying children with special needs and their own competence. Because of this I chose a qualitative research design, as it is best suited to explain the real world and allows for more understanding, descriptions and explanations of the phenomena (Kvale, 2007). A qualitative research design would allow me to change my questions along the way, as I went deeper into the material and acquired a better understanding of the topic myself. I was able to respond to the participants and their answers, and add follow up questions related to topics which were revealed along the way, and which might not have been answered in a quantitative questionnaire. Whereas the quantitative questionnaire is rigid and once the questions are written down they cannot be changed based on the feedback from the participant, the qualitative interview is fluid and dynamic and can be personalized in order to get the best answers from each participant (Corbin & Strauss, 2008). In qualitative research, the researcher and the participants work together in order to answer the research question and the collaboration becomes the tool used to reach the goal (Maxwell, 2005).

Because I wanted to understand exactly what the kindergarten staff do in terms of identifying children with internalizing behavior, using a questionnaire which is common in quantitative studies, didn't seem useful. This was because there was no way for me to think of all the possible methods and include them as an alternative answer, thereby turning the questionnaire

into a collection of checkmarks in the category so generously named “other”. In a qualitative study, I could ask the questions, and then add follow-up questions to clarify, and thereby reach answers which would otherwise be excluded. Sometimes the participants would remember some vital information later on in the interview, and we could go back to previous questions and expand on the topic.

4.1.1 Qualitative Interview

While methodology is the general approach, the method is the specific technique used (Silverman, 2006). In this case the method was qualitative interview. Qualitative interviews are usually semi-structured, meaning that the researcher has prepared some questions and has a number of different themes which needs to be covered during the interview. The sequence of these questions and any follow-up questions change with each interview, allowing a more natural flow of the conversation and allows the researcher to follow leads and discover material that might not have been touched upon in a strictly structured interview (Kvale, 2007). Interviewing someone is a difficult situation, especially for a student interviewing a professional. It is not something that comes naturally, and interviewing techniques take years to perfect (Corbin & Strauss, 2008). Since this research project didn’t have years, it was essential to have a well though-out interview guide in order to get me through the interviews.

4.2 The Sampling Process

After careful consideration, it was decided that the best alternative would be to interview participants from both a large kindergarten who had adopted the flexible structure, as well as a small kindergarten that rely on the more traditional structure of grouping. The idea behind this was that choosing two kindergartens at either end of the scale, would allow the most variability in the findings. And although the generalizability of such a small scale study is almost non-existent, this is a small attempt at making things a bit more interesting.

Before any kindergartens could be contacted, an application was sent to Norsk Samfunnsvitenskapelige Datatjeneste (NSD) which is the Norwegian Social Science Data Services. The application contained a detailed description of the research project, key information about the researcher and supervisor as well as the research proposal. After a few

weeks the NSD approved the research project and the participants could be contacted. Time went by quickly, and a number of things happened causing a delay in the project. The result was that I would not be able to complete the thesis on time. Because of this delay, I had to notify the NSD and inform them about the change of supervisor, amendments to the project and the new deadline, in order to get a new approval. The NSD has strict rules for how long any personal information can be stored, and the amendment had to contain information about the new supervisor, why the project had to be extended and how to let the participants know about the extension.

In order to obtain the sample, a purposeful sampling method was used. Because the sample is relatively small, is was important that the participants in the study would have a lot to say about the topic covered in the interviews, which would then be able to answer the research questions as well as the sub questions. A purposeful sampling is when the researcher selects participants who are thought to hold a lot of information regarding the subject matter (Gall, Gall and Borg, 2007). To ensure that the participants would be able to help me answer my research question, I relied on gatekeepers to help me select suitable participants.

4.2.1 The Gate Keepers

Maxwell (2005) says that gatekeepers can interfere or facilitate your study. Because of the small size of the study, using only two different kindergartens and six participants, it was important to find interview subjects who would give enough information in order to answer the research questions and the sub-questions. At the time I was employed by the pedagogical resourceteam, and asked my colleagues if they could suggest a couple of small kindergartens and a couple of large kindergartens, who they knew to be knowledgeable and experienced in identifying children with special needs. I was then able to use the compliment from the resourceteam, that their kindergarten was regarded as being very good at assessing children with difficulties, when I contacted the kindergarten director to ask if they wanted to participate. In this way the pedagogical resourceteam worked as facilitating gatekeepers in the sampling process.

4.2.2 Participants

I set out to have six participants for my interviews, from two different kindergartens. There would be one director, one pedagogue and one assistant from both a small and a large

kindergarten. Instead there were five participants all together, as one of the participants withdrew from the project and a replacement was not available. All of the five participants came from either a small kindergarten with traditional grouping, or a large kindergarten with flexible grouping. Both of the kindergartens were located in a district in the western part of Oslo. Two of the participants were kindergarten directors, two were kindergarten pedagogues and one was working as an assistant in kindergarten.

Out of the five participants, three of them had completed the three year preschool teacher education program, whereas one had two degrees in the field of psychology and one did not have any university or college education. Both of the pedagogues had gone directly from school to working in their current kindergarten, and did not have any experience working in other kindergartens before. The pedagogues both had four years or less experience working in a kindergarten.

The kindergarten directors had first completed the preschool teacher education, and then continued on with the program to become a kindergarten director. They both had over ten years of experience working in kindergartens, when combining their time as assistants, pedagogues and directors. The kindergarten directors had worked in both small and large kindergartens, and were familiar with both traditional grouping and the new flexible grouping. In addition to working in the kindergartens, they were both socially and politically involved, and had several other tasks and responsibilities within the municipal district.

4.3 Data Collection

The data collection has been a long and tedious process, which has met pretty much every obstacle possible along the way. The interviews with the participants were done in their respective workplace, before they were transcribed, coded and analyzed.

4.3.1 The Interview Guide

The interview guide was developed in the very beginning of the data collection period, and has been a dynamic working tool subject to constant changes and amendments. Steinar Kvale (2007) says that a qualitative interview should be like a conversation between people who share interest about a common topic, and it became important to not write down too many questions, but rather have more key words in order to allow the conversation to flow more

freely and not be locked into a question – answer pattern. To quote Kvale (p.80, 2007) "*The shorter the interviewer's questions and the longer the subject's answers, the better."* It has been important to adapt the interview guide according to the participant, whether it has been the kindergarten director, a pedagogue or an assistant answering the questions. It was also necessary to do a pilot testing of the interview guide, and to transcribe that pilot interview, in order to make the interview guide as functional as possible. Several changes were made after the initial pilot interview, and when going from a small kindergarten to a large one, as the questions needed to answer the questions differed as much as the kindergartens themselves.

The interview guide followed a basic structure as mentioned in Kvale (2007), Corbin and Strauss (2008) and Gall, Gall and Borg (2007). The first part was an introduction where I introduced myself, my project and the specifics of the topic I had chosen. Afterwards I gave a briefing on how the digital recorder worked, and repeated some of the things already mentioned in the information letter like confidentiality and the ability to withdraw at any time. I also explained how the data would be stored and who would have access to the information. I made sure I mentioned that the study had already been approved by the NSD.

Before the actual interview started, I asked if they had any questions for me, either about the project or the interview itself. After answering their questions, I was ready to begin mine. The first set of question was related to the participant's background, like education, work experience and number of years in the kindergarten. I also asked them to explain the structure of the kindergarten, and how it was organized. The next set of questions asked about the identification process and the presence or absence of routines related to identifying children with special needs and more specifically, children with internalizing problems. These questions were followed by questions about whether or not they do anything to help children who have already developed an internalizing problem, whether or not they do anything to prevent such problems from developing and who, if any, they cooperate with in terms of identifying, helping and preventing special needs.

The last part of the interview was a debriefing. I asked if they felt that they got something out of reflecting on these topics, whether or not they had any questions or if there were some things they wanted to mention which I had not asked about. The idea was that if the participant had gain a better understanding of internalizing behavior, or if the interview had sparked an interest in the topic which they wanted to learn more about, the interview had served its purpose.

4.3.2 The Pilot Interview

The reasons behind the pilot interview, is to conduct a trial run in a familiar and safe environment. This allows the researcher to iron out any kinks before attempting to do this in the "real world". Through the pilot interview one can make sure that there are no threatening questions or leading questions leaving the participants feeling that they have to answer a certain way (Gall, Gall and Borg, 2007).

I chose to conduct the pilot interview in the kindergarten were I worked, with a colleague whom I felt comfortable with. I also knew that this colleague would be able to answer my questions and add important and honest feedback related to how the interview was conducted, how the questions were asked and whether questions were overlapping or some important questions were missing from the set. As I was a novice in the entire interview process, it was also a welcomed opportunity to try out the functions of the digital recorder, and to evaluate the length of the interview. In the information letter I had estimated the time required for the interview to be about one hour, and felt that the forty-five minutes used for the pilot interview was within the acceptable range.

After conducting the pilot-interview, several alterations were made to the interview guide. From the feedback I received it became clear that there were some questions that were overlapping, and although it might sometimes be useful to ask the same question twice using slightly different wording in order to get a more reliable answer, in this setting it became redundant and unnecessary. There was also some terminology that had to be changed, keeping the vocabulary simple and easy to understand and free from academic language that cause participants to feel inferior or uncertain (Kvale, 2007). A few times during the pilot interview I had to go back and describe the term and explain my understanding of the term, so that the interviewee wouldn't answer something completely different.

Although most of the changes made to the interview guide were structural changes in terms of changing questions or wording, perhaps the most important realization from the pilot interview was more abstract and vague. It became clear to me that because this a topic which I am so invested in, it was sometimes difficult to ask the questions in an objective and unbiased tone of voice. Simply by being aware of this, and by asking the questions with as few words as possible, I think I managed to overcome this obstacle to the extent it is even possible to ask a question in a completely objective manner.

4.3.3 Conducting the interviews

Organizing meetings with the participants proved to be more difficult than I could ever have imagined. The initial contact with the kindergartens went through the kindergarten director. A phone call was made to inform them about the study and ask if they wanted to participate in an interview study. If the kindergarten director was interested, an email was sent directly after the phone conversation, with the information letter attached. It was also agreed that they would have a few days to think it over, and I would contact them again the following week.

One of the kindergarten directors was very interested and wanted to participate, but after talking to her pedagogues she had to decline because the pedagogues and assistants did not want to be interviewed. Another kindergarten simply didn't answer the phone nor their email. Luckily I had more options, and eventually made contact with both a small kindergarten with traditional grouping and a large kindergarten with more flexible grouping. Dates to conduct the interviews were set, a digital recorder was acquired and the interview guide underwent a final polish. If only everything had gone according to the plan.

The first interview was held in the small kindergarten. This kindergarten had a director, one group with one to three-year olds, with a pedagogue and two assistants, and one group of three to six-year olds, also with a pedagogue and two assistants. The total number of children was around 30, thereby fitting the previously set criteria for a small kindergarten. The first interview was with the kindergarten director. I made sure that the participants could choose the time of day to conduct the interview, as I am very aware of what it means to be the remaining staff feeling short-handed. The interviews would take place in the kindergarten, both because it was a place where the participants would feel the most comfortable and because this would shorten the time they would have to be away from the children.

The interviews began with a short brief about the master program, the particular study, the digital recorder and field of interest, as described in Kvale (2007). It was made sure that the participants had read the information letter, and the written consent form was signed before any questioning started. Before starting the interview, the participant was also asked whether they had any questions, and given a reminder that participation in the interview was completely voluntary and they that they had the opportunity to not answer a question, or to withdraw at any time during the interview.

The interview guide was used to make sure that I had covered all the topics that were necessary in order to answer the research question, and follow-up questions were added when the participants touched on interesting topics. After the interview was over, the participant was given a debriefing. This included information about the remaining process of the thesis, what would happen to the data material and a question of whether it would be possible to contact them again in case a follow-up interview was needed. I made sure to thank each participant for their contribution and asked each one if they had any questions or comments they wanted to add that I had not asked about. Some participants said that they would like to read the final thesis, whereas others simply wished me luck with the project.

Each interview was conducted using this format, and there were no problems during the actual interviews. The problems arose when we tried to schedule the other interviews, with the pedagogues and the assistants. On some occasions the kindergarten director had set up the interview without talking to the pedagogue and the assistant, and when I arrived at the kindergarten they had to cancel because they didn't even know I was coming. Several times the interviews were cancelled due to illness, both on their part and my part, as a natural consequence of working in kindergarten. One time the participant had agreed to the interview only to get cold feet and withdraw after I had arrived in the kindergarten. All these things happened in addition to the expected difficulties in trying to find time in the busy schedule of the kindergarten, filled with parent-teacher conferences, meetings, and seasonal activities that are already scheduled on the agenda.

4.3.4 Transcribing the interviews

After the interviews were completed, the interviews were uploaded to a computer in order to make the transcription process easier. According to Kvale (2007), transcribing interviews is a process of interpreting the oral language and translating it into written form. The interviews were transcribed using a combination between verbatim oral and written style. Transcribing verbatim refers to writing down everything word by word, including repetitions, "ehmm", pauses and so on, whereas written style allows the transcriber to exclude these repetitions.

Using a combination of both styles was an attempt not to lose any vital information in the translation. (…) was written to indicate a pause, signaling that the participant had to think about the answer or needed time to formulate a response. "Ehmm" was written down in situations where the participant hesitated to answer, and it seemed that they were buying time

because they were unsure about the topic or perhaps unsure of what I was asking. In these cases “ehmm” was usually followed by a pause (…). In cases where “ehmm” was followed by the answer without any indication of hesitation, the “ehmm” was omitted from the transcription as it didn’t seem to serve a purpose in the following analysis.

But because the interview is a social interaction between two people, it is difficult to capture the body language, facial expressions, mood and atmosphere in a digital voice recording. I didn’t want to write notes during the interview, because I felt that it would interfere with listening to the participants, but I tried to set aside a few minutes after each interview to write down anything that stood out or seemed important for a later analysis.

Anyone who is about to embark on an interview study and planning on doing the transcription themselves, should note that transcribing interviews requires a lot of time. An interview lasting around 45 minutes produced somewhere between 10 and 15 pages and took from four to six hours to transcribe. I did however find it useful to do the transcription myself, as I became more familiar with the material and it allowed me to start reflecting and analyzing as I was transcribing.

4.3.5 Coding

After each of the five interviews was transcribed, the transcriptions were coded into categories. Corbin and Strauss (2008) see coding as a way of taking raw data and transforming it into meaningful concepts. It is used as a way to start making sense of the raw material, and to structure the material into manageable chunks of information, which can then be interpreted and analyzed according to philosophical standpoint, theoretical framework as well as the personal experience of the researcher.

Before beginning the actual coding, I thought of it as a difficult process and was afraid to begin. After reading chapters in Corbin and Strauss (2008), Gall, Gall and Borg (2007) and Silverman (2006), it seems like they all agree on one thing: Coding transcriptions from an interview study involves familiarizing yourself with the material, thinking outside the box, following your intuition and going with the flow. And it seems that they were right. After reading the material a few times, the codes became apparent by themselves.

I did not use a computer program like NVivo 9 to code or analyze the data, as it seemed like it would be too much of a time-consuming and complicated process trying to learn the computer program in such a short amount of time, for such a small project. Therefore, I will describe in detail how I went about coding and analyzing the material. I used a practical way of separating the words into codes by using different colored highlighters. First I went through the interview and highlighted everything that the participant had said which related to the structure of the kindergarten, like the size, the number of people working there, and how it was organized. Afterwards, I chose a different color and highlighted everything regarding identification of children with special needs, with internalizing behavior and the identification process in general. This category also included any information regarding routines, whether the kindergarten had any or not, as well as what the participant thought about having routines for identifying children with special needs. The third category was a bit more difficult to separate from the rest. I chose to call it subjective prerequisites, as it contained information about how the participants judged their own competence related to the term internalizing behavior, whether they felt that they had learned enough about special needs through their education or work experience and trusted their own gut-feeling. The fourth and final category was called help and prevention and contained both the measures which the kindergartens had already started in order to help children with internalizing behavior or other special needs, as well as measures taken in terms of preventing internalizing behavior in developing. This category also involved information about risk factors and protective factors, seen as a backdrop for help and prevention.

For some of the interviews, it seemed like there was a fifth category, namely cooperation. This information was regarding internal cooperation within the kindergarten, as well as cooperation with external sources like a pedagogical resourceteam or the pedagogical psychological counseling services (PPT), to name a few. Upon further analysis, I decided that cooperation would not be considered a separate category, but could be seen as a subcategory of help and prevention, as cooperation can be understood as a measure taken in order to help or prevent.

After coding and developing the categories, I went back to check with my research question and sub-questions to see if there was some form of connection or at least a red thread. I felt that these four categories fit nicely with my research question, and saw this as a measure of validity.

4.4 Validity and Reliability

Validity in research refers to whether or not the study investigates what it is supposed to investigate (Gall, Gall & Borg, 2007). Reliability in research refers to how well the study can be replicated and achieve consistent result, whether the second version of the study is by the same researcher or by someone else (Silverman, 2006). However, some researchers, like Corbin and Strauss (2008), don't like to use the terms reliability or validity when it comes to qualitative research, and prefer to talk about credibility.

Validity, reliability and generalizability is difficult to achieve in a small scale study for a master thesis, but I will give an explanation as to what I did in terms of trying to make this study as valid and reliable as possible.

4.4.1 Validity

According to Kvale (2007), an interview study simply cannot be valid. He argues that because interviewing relies so much on personal and subjective interpretation, validity in an interview study depends on the researchers own ability to question and check their own work. He goes on to say that validity needs to be a part of each section of an interview study, both in the preparation of the interview guide, throughout the interview as well as during the analysis.

One way I tried to ensure validity in this study, started in the development of the interview guide. I continually checked to see whether the interview questions would answer my research questions, and tried to make sure that the interview guide was extensive enough so that all aspects of the research questions would be answered. During the interviews I thought about validity as the participants gave their responses. Although it was important that I did not interrupt them, I made sure to ask the question again using different wording should they have answered something other than what I was asking. Even though it was interesting to listen to their reflection, the participants would sometimes lose track of the original question and end up talking about other things which they felt strongly about. In these cases it was important to remain focused, follow the interview guide and get them back on track.

Another way to ensure validity is to use what Maxwell refers to as "rich-data", This includes verbatim transcription of the interview, using written notes where the researcher reflects on

their impression of the participants, whether they seem tense or confident, and in what manner they answer the questions (2005).

There can be numerous threats to validity, and this also applies to this study. One of the main threats for this research was the language aspect. The research questions and the interview guide were first developed in English, because both the research proposal and the thesis was to be written in English. But because the interviews would take place in Norway, the research questions and the interview guide had to be translated into Norwegian, so that the interviews could be done in the participant's native language. Although Norwegian is also my native language, and I feel quite confident in the translation process, there is always a chance that some concepts and terms might acquire different meanings that can easily be lost in translation. The way I chose to deal with this issue was to use back-translation, where I first translate from English to Norwegian, and then translate back to English again to see if it matched the original document. All words, concepts, terms that didn't match the original, then had to be looked at again to see if perhaps the two words were synonyms, or if there simply was no Norwegian equivalent.

4.4.2 Reliability

Reliability is practically non-existent in qualitative research, and this study is no different. Because of the small sample size, only a few general data are presented for each participant. In some cases, gender, working title and education might even be slightly changed in order to ensure anonymity and confidentiality. Also, in keeping with NSD's strict restrictions on storing collected data, all personal information will be deleted when the thesis is finalized and the project is ended. This means that there is no possible way for anyone to attempt a replication, let alone achieve the same results.

Unlike quantitative research, qualitative research takes into account the subjective nature of the researcher. A relationship is formed between the interviewer and the interviewee, and depends on personality, likability and trust. If the interviewer is able to form a relationship with the interviewee based on trust and mutual respect, the interviewee is more likely to open up and reveal more of their true opinions than if the interviewee is under the impression that the interviewer is out to get them or to expose their poor working routines. Reliability in qualitative research is often discussed in terms of transcribing the interviews, and larger studies might do a reliability test where they have two or more transcribers transcribe the

same interview and look for differences in both words used and interpretations of pauses, hesitations and so on (Kvale, 2007).

The way I have tried to ensure reliability in my study, is that I have described in as much detail as possible the participants, the structure, organization and size of the kindergartens used in the sample. I have provided the interview guide as an appendix, both the Norwegian version and an English version (See appendix I and II).

If I was to do the same study with the same participants, using the same questions, I suspect that I would get a different result. This is simply because several of the participants said that it was an interesting topic, but that they really hadn't thought about it that much before. Now that they have been through the interview, they have had time to reflect on the topic and chances are that they would give more UTFYLLENDE answers. On the other hand, if I did the study again using new participants which matched the participants in this study in terms of age, education and work experience, I would think that the answers would be much the same.

4.4.3 Generalizability

In quantitative research it is important to do a random sample where everyone in the population has an equal chance of being in the study, and the sample size is large enough so that the sample can be a representation of the general population in terms of gender, age, education, income and occupation. Qualitative research often has a small sample, made up of participants selected through purposeful sampling. This means that any results that may come out of this small scale study, is only applicable to a very small section of the population.

It is worth mentioning that because this study took place in Oslo, the capital of Norway, the results are thought to be very different had the study taken place in a smaller municipality elsewhere in Norway. This is simply because of the structure of how each municipality work in order to provide help and support for children with special needs. Because Oslo is a larger city, special needs educators and psychologists who deal with identifying children with special needs work within limited districts. In each district you have the kindergartens, who then first report to the special needs team in that district, who again report to the pedagogical psychological counseling services (PPT). PPT is not divided into the same districts as the

special needs teams, but six larger school groups composed of several districts. Municipalities smaller than Oslo might not have a special needs team which are separate from PPT, or they work closely together within the same district. It is natural to assume that in smaller municipalities, kindergarten staff would cooperate more closely with PPT, and that the threshold for contacting them might be lower in municipalities with fewer kindergartens.

The way I tried to ensure at least some generalizability in this study, was to include both a small kindergarten with traditional grouping and a large kindergarten with flexible grouping. This was done to get as much variation as possible, and to use kindergartens at either end of the scale. Many of the kindergartens in the Oslo area are medium sized kindergartens using a combination of both traditional grouping and flexible grouping. Hopefully this means that any findings from this study can also be generalized to include them.

4.5 Ethical Considerations

Because I had some previous experience in the field, the most important ethical consideration was to try to leave all my preconceptions at home, and to come prepared to each interview without prejudice about the kindergartens and their practices. Because of the very nature of qualitative research and interview as a method, this was a very difficult process. There is no guarantee that I was able to always ask question in an objective tone of voice or to leave my own opinion undetected, but making a conscious effort proved fruitful. During several of the interviews I caught myself becoming surprised at some of the answers, causing me to regain my objective focus. Corbin and Strauss (2008) point out that it is not possible to separate the person from the research. We as researchers become a part of the analysis, and it is up to us to reflect upon how we influence the analysis, and how the analysis influences us.

From the initial contact with the director of the kindergarten, to the beginning of each interview, I made sure to tell the participant that I was employed in the same district, and had experience working in kindergarten. This was an attempt to let the participants know that I was on their side, and that I was not trying to write a paper where the purpose was to expose kindergartens who didn't do their job or employees who didn't have enough experience. The main goal of this study has always been to investigate best practices, and to understand how we can help the children most effectively. Helping the children should always be the first priority, both in research studies and in the everyday work of the kindergartens.

After receiving the go-ahead from the NSD, contact was made through the directors of the kindergarten. The directors then decided which kindergarten teacher and which assistant to approach, choosing someone who would want to participate and who would feel comfortable answering questions. This was done so that the potential participants would feel more comfortable in saying no, as they might have felt more pressured to participate had I asked them myself. A good rule of thumb in ethical considerations is to always treat the participants as you yourself would like to be treated. If you always consider how you would react to such a questions or particular situation, you can come a long way in ensuring that the participants feel comfortable and safe during the interviews (Corbin & Strauss, 2008). When the participants had agreed, they were given the information letter which clearly described the main points of the study, the method of investigation, informed consent, anonymity, confidentiality and the possibility of withdrawal.

The consent form was written in Norwegian and handed out to the participant before the interview. The participant then signed the consent form before any questions were asked. I also took time to explain how the data would be stored, who would have access, and what measures would be taken in order to ensure their anonymity and confidentiality. As Kvale (2007) points out, it is important that the informed consent also informs the participant about the possibility of withdrawal at any point during the interview. I also explained how anonymity would work in practice in such a small scale study, and made sure they understood that I would not use any names of participants or kindergartens in the actual thesis.

After several revisions of the initial research proposal, it was decided that observing the children would not be necessary. Therefore there was no need to inform the parents of my visits to the kindergarten, as I would only interact with the staff.

5 Data, discussion and findings

Corbin and Strauss (2008) explain analysis as part art and part science. Analysis is art because it requires the researcher to be creative, flexible and to go with what "feels right"(p. 47). The science part comes not from the traditional meaning of the word science, but in the sense that each concept comes from validating it to the data. In this chapter I will present the data from the five interviews, divided into the categories of structure, identification and routines, subjective prerequisites and help and prevention. Each category is discussed, related to the research questions, the sub questions and the theories which try to offer an explanation and an answer to those questions.

The findings have a logical connection to the research questions. The main question was: **What do kindergarten employees to in order to identify and help children with internalized behavior?** One important aspect of this was to recognize that not all kindergartens are the same, and therefore what they do in order to identify children with internalizing behavior will be quite different. Smaller kindergartens have different needs than do large kindergartens, and vice versa. Because of this the category of structure emerged. There is also a close connection between the main research questions and the first sub question: **To what extent to they have routines to identify children with internalizing behavior?** The findings from these first two questions came together in the category of identification and routines.

The second sub-questions asks **what prerequisites to kindergarten employees have in order to identify children with internalized behavior,** and relates to the kindergarten employees subjective feeling of their own competence. It is to which degree they feel that they have the knowledge and competence required in order to identify children with internalizing behavior. This sub questions is answered through the category of subjective prerequisites.

The third and final sub-questions asks **what can the kindergarten do in order to prevent internalizing behavior in children who show signs of negative development,** and is concerned with both what the kindergarten can do and whether or not they already have preventive measures in place.

The data from both the small and the large kindergarten will be presented within the same themes, and the findings will be discussed together.

5.1 Overview of the participants

The participants have been presented in the previous chapter, so this will just be a practical representation of who's who, and how they will be presented in the following analysis. In order to protect the participants anonymity, each participant's answer and comments will be discussed in a gender neutral way.

D1: Director of small kindergarten, formal college education as kindergarten pedagogue and kindergarten director, with more than 10 years of related work experience. D1 has experience both from working in a small kindergarten as well as in a large kindergarten.

D2: Director of large kindergarten, formal college education as kindergarten pedagogue and kindergarten director, with more than 10 years of related work experience. D2 also has experience from working both in a small kindergarten with traditional grouping as well as in a large kindergarten with flexible grouping.

P1: Pedagogue in small kindergarten. P1 has a formal university education in child psychology, with no related work experience before starting to work in this kindergarten two years ago. P2 is the pedagogue for the group of children aged three until six.

P2: Pedagogue in large kindergarten. P2 has a formal college education as kindergarten pedagogue, with no related work experience before starting to work in this kindergarten. P2 is the pedagogue for the group of children age 4.

A1: Assistant in large kindergarten. No formal education. A1 has five years of work experience from a large kindergarten with flexible grouping.

5.2 Categories

After coding the transcriptions, four different categories or themes emerged from the raw data. The category of structure involves questions related to the structure of the kindergarten,

and what this means for children with internalizing behavior. The second category is related to the identification process and whether or not the kindergarten has any routines on how to assess all the children or just the children they are worried about. The third category concerns the subjective prerequisites of the participants, more specifically, their feelings of competence in terms of identifying children with internalizing behavior. The last category is a combination of what, if anything, the kindergartens does in terms of helping children with internalizing behavior, and whether or not they have any preventive measures in place to stop such negative development from occurring.

5.3 Structure

Whereas traditional kindergartens in Norway are structured around smaller groups of 18 children, with one pedagogue and two assistants, the recent political changes giving all children from 12 months and older a legal right to attend kindergarten, meant that something had to change. Over the last few years, more and more larger kindergartens are being built to accommodate the increasing number of young children who want to attend, and it became clear that the internal structure of the groups had to change accordingly. Although the larger kindergartens have not been around long enough in order to make any conclusions, it seems clear that there are positives and negatives related to both the old kindergartens with traditional groupings, as well as with the newer, larger kindergartens with flexible grouping.

In this study, structure becomes meaningful in terms of how the kindergarten employees work related to the identification process, and the measures they decide to implement in order to help children with internalizing behavior or to prevent such behaviors from escalating. Using the same methods would not make any sense, when everything else is so different.

D2 was asked to explain how the kindergarten is structured differently from other kindergartens, and began by saying that everything is different. In Norway, all kindergartens have usually been structured around three adults per nine children under the age of three, and three adults per 18 children between the age of three and six. Usually each group has one pedagogue and two assistants. D1 and P1 explain the small kindergarten according to this structure.

D2 goes on to elaborate on the three flexible groups, called bases. One base with one-year olds, one base with two-year olds, and one base consisting of three teams, the three-year olds,

the four-year olds and the five-year olds. Whereas each team has their own home-base, they also share several common rooms like an art-room, water-room, playroom and music-room, to name a few. These rooms are shared between the teams and rely on very structured planning.

P1 talks about the structure in the small kindergarten and mentions that its size can be both a positive and a negative.

> *The good thing is that everyone who works here knows all the children really well. I also think about the level of noise, that it might be more quiet here than in a kindergarten with 100 children. The negative part is that we are vulnerable. If someone is sick, you might not have anyone else to help you.*

D1 also mentions weaknesses in terms of structure. With one group of children under the age of three and one group of children over the age of three, each group has a very different focus in terms of the children's needs, learning situations and play.

"It is almost like two kindergartens in one."

A1 is concerned about the practicality of the flexible structure and what might seem like a great idea, does not always work that way in real life.

> *All the different rooms we have, is usually what the parents like about the kindergarten before they apply. They like the idea of the music-room, the water-room and the art-room. But we don't use the rooms as much as we would like. It is difficult when you bring, let's say a group of three-year olds in the water room. And then one of the children needs to go to the bathroom, and then one of us has to take them, because the bathroom is at the end of the hallway. Then the other adult is stuck in the room with five or six children. It can be a bit much sometimes.*

Bearing in mind that this sample is too small to form any conclusions, there are a few findings which seem to stand out. There are positives and negatives from both small and large kindergartens, and from traditional and flexible grouping, and it can be difficult to decide if one is better than the other. What is positive about a small kindergarten with traditional grouping is that they all know each other, and the adults know all the children very well. At the same time, their small numbers make them vulnerable on days when someone is home

sick or wants to attend a course. They also feel more divided, because the groups of younger children and older children have such different needs.

The large kindergarten always have someone who can help out in case someone gets sick, but one the negative side, some of the large kindergartens are so large that the people who work there cannot possibly know all the children. The large kindergartens also have a lot of rooms, where they can divide the children into smaller groups, but for children with internalizing behavior the options can easily become overwhelming. One of the main issues with children with internalizing behavior is that they do not like to explore new and unfamiliar things. However, once they have been there for a while, the rooms will eventually become familiar to them.

The discussion comes in terms of children with internalizing behavior. It is difficult to say whether or not they benefit from having many different rooms to choose from. On one side the might be able to find something which they feel comfortable with, but on the other hand, the choices can become overwhelming. In a large kindergarten with many adults to choose from, children with internalizing behavior might be able to find that one person that they connect with, who they feel safe with and who can push them in the right direction. Again it could become overwhelming, and the child with internalizing behavior can end up wandering around without any person who makes them feel safe. In a small kindergarten, it is less noisy, all the adults know the each child and can cater to their needs. But if the child with internalizing behavior does not feel comfortable with any of the six adults who work there, the small size does not help at all.

What kindergarten employees do in terms of identifying and helping children with special needs depend on the size and the structure of the kindergarten. There cannot be one simple answer which works for everyone. Flexible grouping where children have a home base and share several smaller activity rooms with the rest of the house is a relatively new trend, and there is simply not enough research on what the structure means for children with special needs and children with internalizing behavior in particular.

Structure can be seen as both a risk factor and as a protective factor. Mathiesen, Karevold and Knudsen (2009) make it clear that the quality of kindergartens can serve as a protective factor in terms of preventing mental health issues in children. High quality is again related to the structure, in terms of how many employees the kindergarten has with pedagogical education,

as well as the stability in the staff. In this study the large kindergarten has a clear advantage, having close to 50 percent of employees who are educated pedagogues. At the same time, in order for this to improve quality, the pedagogues need to be consistent, so that the children can form bonds of attachment to the people whom they spend up to eight hours a day with. This is especially important for children with internalizing behavior, who might not have a secure attachment with their parents. Having a safe person in kindergarten, someone whom they trust and feel comfortable around can give them the opportunity to learn to explore and to develop the confidence needed to succeed.

5.4 The identification process and Routines

The identification process and the presence or absence of routines is largely dependent on the director of the kindergarten, and their personal attitudes towards identifying children with special needs at an early age, screening and observation methods. Some kindergarten directors trust their pedagogue's abilities to discover children's special needs without routines, whereas others might rely on rigid structure and close follow up.

On questions related to what kind of behavior made them concerned, most of the participants had the same type of answer.

D1: "I think change in behavior is cause for concern. That's what we look for, sudden changes on both directions." P1 also explains changes in behavior as the first cause for concern, but specifies that it is much easier to spot someone who has been quiet, who all of a sudden starts acting out, rather than someone who becomes more and more quiet. D2 talks about changes over time, and mentions that although externalizing behavior is easier to spot, because they might have large mood swings, a short temper and generally take up much space, the pedagogues are very good at noticing each child. A1 mentions that because they spend more time with the children and less time organizing and planning, it might be easier for the assistants to notice differences in behavior.

The one concept which kept reappearing in each of the interviews was the idea of a "gut-feeling". This feeling that something was a little off, even though the person was not quite able to explain what was wrong exactly.

D1 talks about the process of having a gut-feeling, and what to do about it. The kindergarten does not have specific routines in how to deal with these processes, but more a standard procedure of how things are usually done.

> *If I get a gut-feeling that something is wrong, the first step would be to discuss it with the other pedagogues, to see if they had noticed anything. Most often they have, since they spend more time around the children than I do. Most often the pedagogues confirm my worries.*

D2 also discusses gut-feelings with the other pedagogues in the leader team, but rarely brings up a concern that the group hasn't already talked about. The reason being the structure of the kindergarten, and as a natural consequence of managing a large kindergarten with several teams, the director's job consists of managing staff, organizing and planning. The director does not spend much time with the children, except for passing them in the hallway every once in a while. And because there are so many children, it is impossible to know them all. The kindergarten director is therefore dependent on a well-organized team of pedagogues, and needs to trust that they know how to do their job.

P1 and P2 agree that the first people they discuss a concern with, are the other assistants working in their team or group. Usually the teams or groups have a weekly meeting, where matters concerning children can be discussed without having the children present. After talking with the assistants, they either have their gut-feeling confirmed or disconfirmed. If the assistants also feel like something is a little off with a child, without having a logical explanation, the pedagogues usually discuss the case with the other pedagogues in the kindergarten as well as the director.

P2 explains:

> *First I would write down everything that I was thinking about that child. Then I would do some more observations, and make more notes before talking to the director. It is very easy to talk to the director, and the threshold for discussing such a case is very low.*

As might be expected, A1 has a different experience than the pedagogues and the director. Assistants are not part of a leader group, and usually do not have any specific responsibilities in terms of identifying children with special needs. A1 has had gut-feelings about children before, but has always waited for the pedagogue to bring it up first and then confirmed the suspicions. A1 explained that this was because of a lack of confidence, and a common idea that once a case has been brought up, you start to view and treat that child differently. It is a shame to bring something up which might just be a phase that the child is going through.

Whenever someone feels that there is an issue with a child, they discuss is in their weekly team meeting, and the pedagogue will discuss it further with the other pedagogues and the director in the team-leader meeting. The problem is often that the information that they come up with, what measures they decide upon, never make it back to the assistants.

Since they all seemed to have a clear idea of what to do when they had concerns about children, I continued to ask about the kindergartens specific routines. Also in this matter, there was much consistency between the small and the large kindergarten.

D1: "We haven't made any routines for it. I think it is the pedagogues, first and foremost the pedagogue's task"

D2 says almost the same thing:

> *We don't have any specific observations or tests that we do, it's more in the daily activities in each team, who catch these things. We don't have a systematic situation in order to discover the children with internalizing behavior when they begin kindergarten or for example, every six month. We just don't.*

Both P2 and A1 admit that they did not know or were unsure of whether such routines actually existed in their kindergarten.

The next few questions were also related to routines, as in whether they saw advantages or disadvantages in having structured routines for identifying children with internalizing behavior in kindergarten. Some were also asked about what they thought about the governments proposition for a three-step screening process, should it be implemented.

P2 said that even though there are probably many advantages in having the identification process more structured, it all comes down to the pedagogue and their ability to trust their

own observations and gut-feelings. It is the pedagogue who is ultimately responsible for identifying children with internalizing behavior.

D1 saw that it could be an advantage to have a routine, to talk about and discuss each child, as a safety measure so that no children would be forgotten. D1 also mentioned the importance of trusting the pedagogues, in that they were capable of doing their job. D1 was generally skeptical to forms which needed to be filled out and to a general screening process for all children. Tools used to map children's development would take away the time the pedagogues had with the children, and were seen as a sign of mistrust in the pedagogues. "I think that it comes down to mistrust in the pedagogues in general to think that here is a form that will do their job for them."

D2 had a slightly different view of the matter and tried to look at the issue through all aspects.

"I think that it is clear that maybe for some of these grey-area children, such a systematic screening will absolutely be useful early on in their kindergarten career." But when the subject of a three-step screening process was mentioned, it seemed that it was a sensitive issue, and that the participant still needed time to become convinced that it was in fact a good idea.

> *We've had some discussions around this. I support the proposition, after a lot of discussion. And I think that we have to find…. It will be challenging. What is important is to think just as much about who should be doing it, as well as having good tools. And you need training in using those tools. It's like, you have to make time for it. You have time for what you want to have time for.*

A1 had already made an opinion about the matter:

> *"Screening tools take up too much time and offer little help. The pedagogues have enough to do already, they don't need more forms to fill out. They need to spend more time with the children. That's when they discover when something is wrong"*

One interesting thing I noticed when I read the transcription and coded the raw material into categories, was that even though everyone said that they did not have any routines for identifying children, they all mentioned that when they had a gut-feeling that something was a

little off, they would set aside time and observe the child, take notes and discuss it with the team or group, as well as with the kindergarten director and the other pedagogues. Even if no one calls it a routine, because it is just a natural part of everyday life in the kindergarten, it seems to be just as good a routine as any other. One director even mentioned that they would take out the list of all the children's names, and then go through the list and talk about each child. If this process that they are already familiar with, had been penciled in to the calendar, a working routines would be in place.

It seems to be important to note that not all routines would fit all kindergartens. Each kindergarten is structure differently and has different needs. Having someone else tell them what routines to use, might work against its intentions. There is a discrepancy between people who are positive to screening tools and people who are generally negative to screening tools. It does not seem to make a difference what this tool is, how it works or what it could possibly help discover. People who have a negative attitude and say that there is not enough time, and it cannot be done, will not be convinced just because there is a new form to fill out or because the law says that they have to do it. It seems that if this is going to work, and be useful for the children, who are the important part of this equation, the three-step screening process proposed in st.meld 24 (2012-2013) needs to be introduced along with an awareness campaign which can help kindergarten staff understand why this is what is best for the children.

Many talked about the importance of observing the children with their parents, when the children were delivered or picked up from the kindergarten. They talked about this time as an opportunity to observe the interaction between parents and children and mentioned that this could be an important window into what was going on with the child. However, no one mentioned attachment theory specifically, or the importance of a secure attachment pattern versus an insecure attachment pattern. Bowlby (1988) also relied on observation-methods, but made sure to put the observations into a system so that the information would be more useful.

It is possible that people working in kindergarten become familiar with many types of attachment patterns between children and caregiver, and intuitively understands which are healthy relationships and which are unhealthy relationships. I wonder then, if all kindergarten staff had the background of theoretical knowledge of attachment theory, would they become better at discovering unhealthy attachment relationships and thereby be able to implement measures at an earlier stage, before internalizing behavior was able to develop in the child?

5.5 Subjective Prerequisites

Subjective prerequisites was a more abstract and complicated concept. In general, prerequisites usually incorporate education and work experience, but it became clear that there had to be a distinction between the objective fact like years of education, and the subjective understanding of felt competence as a result of that education. The two can be very far apart. A six year theoretical university degree means very little if you are left in the real world with a feeling of knowing nothing.

P1 has a background from psychology, and therefore has a pretty clear idea on what both internalizing and externalizing behavior look like. P1 also has experience in identifying the behavior. "We have a child in our group now, where there was a concern, but there has already been a case and the parents were involved and everything".

When asked to describe the term internalizing behavior, the participants answered differently, and not everyone found it as easy to answer.

D1 admits that it is a foreign word and doesn't quite know what to say. I mention that it is ok to just answer I do not know, and D1 goes for this option. Later D1 says: "We have some children where I find it difficult to put my finger on what it is about them. I do not feel that I have enough competence myself to identify them". D1 also says:

> *I have to trust that the pedagogues can do their job. They have the competence necessary. At least to see that something is wrong, even if they can't figure out what it is. They have the competence to do that. Or…they should have the competence to do that.*

D2 holds the same view as D1 regarding the pedagogues.

> *I think this is one of the basic skills a pedagogue needs to have. To be able to observe and catch these things and assess their group of children. It is this which I view as maybe one of the most important reasons for why children should attend kindergarten, this social interaction. For me it is part of the foundation for a pedagogue. If you don't have it, you're lacking something significant.*

A1 is confident that the term internalizing behavior involved the quiet children, those who have a tendency to disappear in the crowd and who do not always want to

participate in the group activities. Even though A1 does not describe internalizing behavior in academic terms, more importantly, A1 understands what it looks like which is the first step in identifying who struggles.

P2 mentions experience as an important factor.

> *I notice that the more time pass by, the more experience I get. And I am very happy for the experience I have now, because I think it allows me to notice more. In a way, you know more about what is normal too. And that was probably the way I thought in the beginning, then I thought everything was a bit strange. But now I understand that the children can be very different, and the parents can be very different and the children can still be fine. Experience is really important. Along with input and guidance from others.*

These answers triggered my interest, as there is no mention of education when talking about experience. I went on to ask P2 about learning about children with special needs and what to look for, in the three year college pedagogue education program, which is required for all pedagogues.

> *It was probably the last, perhaps the last two weeks we talked about it. Then they crammed neglect, sexual abuse and violence in the home all into those two weeks. It was very fast, and there was not a lot of focus, especially related to the children we're talking about now. We didn't talk about it much.*

It seems clear that everyone in the kindergarten staff agree that it is the job of the pedagogue to identify and discover children who show signs of internalizing behavior. The directors expect their pedagogues to know what to look for, and the pedagogues are aware of this expectation. What becomes worrisome in this situation is that the three year pedagogical program which is required and which the government says that all pedagogues need to have in order to hold the position as pedagogical leader, does not appear sufficient when it comes to giving the pedagogues confidence in knowing how to identify children with any special need, let alone something so complicated as internalizing behavior. Studies have shown that as much as 60 percent of kindergarten staff feels like they need more competence related to children with special needs (St. meld. 24, 2012-2013).

If experience is what is required, there are thousands of new pedagogues who might use a year or two in order to gain that experience. This means one to two years of trial and error, involving children who cannot stand up for themselves and who depend in an adult who know what they are doing. Some mention that they find it easier to notice externalizing behavior, but with a little bit more background knowledge they would know that externalizing and internalizing behaviors often appear together, depending on the setting (Zahn-Waxler et al., 2000, Lund, 2012).

On the other hand, there are people working as pedagogues who have alternative education and years of experience in identifying children with internalizing behavior, who know exactly what to look for, both in terms of attachment patterns with the parents, social competence in kindergarten and routine situations like mealtime. It seems unfortunate that these people are judged as unfit and less qualified to be pedagogues, when they can add so much to the team. If each kindergarten had a mix of people, all with various educations within related subjects, such as psychology, special needs education, child welfare and the like, the combined knowledge within the team would be able to tackle almost any issue which came their way.

A person with a background from psychology would have a good grasp on attachment theory, and would know what to look for when parents delivered their children in the morning and pick them up in the afternoon. A person with a background from child welfare services would have a better understanding of resilience theory, and would know the importance of being that one safe adult who can help the child in the right direction (Lund, 2012). A special needs educator should have skills related to implementing measures both in terms of prevention and helping children who already show signs of internalizing behavior. If all these people were in the same kindergarten, they could discuss cases with each other, learn from each other and cater to each individual child.

5.6 Help and Prevention

Help and prevention became the largest part of the data material. This section involves many aspects of the research question and sub questions. It involves what kindergartens employees do in order to help those children with internalizing behavior, what measures they have implemented and what they do in terms of prevention. After reading through the raw material

a few times, it became clear that there was also the topic of cooperation, which in this case will be treated as a type of measure. This category of help and prevention has been divided into the subcategories of internal cooperation, cooperation with parents, external cooperation and preventive measures

5.6.1 Internal cooperation

The first step in the process of helping and preventing seems to be common for both the small and the large kindergarten. The most important thing when someone is worried about a child, is that they talk to each other, and discuss whether they have noticed the same thing, whether anyone has previous experience related to the child, past history with siblings and parents and the like. Internal cooperation is viewed as a measure in terms of help and prevention because it is the first step in the process. Before any other measures can be implemented, the pedagogues need to sit down and talk to each other to see if everyone agrees. The kindergarten's team-leader meetings appear to be the place for these discussions.

D1 explains: "If I as the director get a gut-feeling that something is wrong, I would present the case in a meeting with the other pedagogues, to see if they had seen anything. If I get my suspicion confirmed".

P1 mentions the same thing, but adds the step of talking to the assistants. P1: "I presented the case in a meeting with my assistants, because they are the ones I work closest with. After that I discussed the case with the director and the other pedagogue in a team-leader meeting."

D2:

> *We organize our available office hours in a way that all the pedagogues get whole days where they just sit together and discuss children. This means that if one child needs extra follow-up, the whole team knows about it. I think we are pretty good at this, because we have a lot of experience from many children with different special needs. We are a large team, with 50% pedagogues. This is a clear advantage.*

That good internal communication practices are vital in terms of implementing measures for children with internalizing behavior, does not come as a surprise to anyone. Before talking to the parents, it might be very useful to discuss the case with someone else to see if they agree

and have noticed the same things. Other pedagogues might offer new information regarding the family or past history, which again might help when trying to understand the problem.

A negative side of the matter happens when someone feels that there is something with a child, and wants to discuss it with the other pedagogues. The other pedagogues might not have noticed anything before, but after hearing about it they will start to observe the child. With the previous discussion in mind they might look for something wrong, which is not necessarily there. ICDP might be a helpful measure for the pedagogues as well. Rye (2007) mentions that the program would work just as well with other caregivers, like kindergarten pedagogues.

Internal cooperation is dependent on highly qualified pedagogues and qualified pedagogues are hard to come by (St. meld. 16, 2006-2007). Pedagogues who have the experience and the confidence to trust their own gut-feeling, and who know how to separate something which is just part of a phase with something that requires attention. The next step is to talk to the parents, to see if they recognize what the pedagogues have seen in their observations of the child. And when talking to the parents, being a confident pedagogue becomes even more important.

5.6.2 Cooperation with parents

After discussion both in the group and in team meetings, all the participants mentioned talking to the parents as the next step. There were different ways of doing this, and usually it depended on the varying degrees of urgency and the seriousness of the matter. Talking to parents about sensitive subject matters was not something which should be discussed on Friday afternoon when the parents came to pick up their children.

Talking to the parents and establishing a form of positive and open communication about the issues can be viewed as both a part of the identification process, as a measure for helping the child and as a measure for prevention.

D1:

> *We've had a few cases where we have questioned the relationship between the child and the parents. It comes back to the gut-feeling. The feeling that something is not the way it is supposed to be in terms of the interaction. Sometimes we invite*

the parents to a meeting to discuss our concerns. Then we can talk about how things are at home, whether things are difficult there as well. Usually we recommend that they seek counseling.

P1 talks about the importance of having a good and open relationship with all the parents. Sometimes it can be as simple as talking to the parents when they pick the child up in the afternoon, and tell them about an event that was suspicious. If the parents react differently than expected, then it might be useful to do some more observations and perhaps invite them to a meeting where the case can be discussed further.

D2 mentions talking to the parents as the number one priority. In a face to face conversation, it is easier to explain the situation, perhaps just a gut-feeling, and to ask whether or not the parents are experiencing the same thing at home. It's important to have an open dialogue, so that the parents can confess personal things like divorce or family conflict which would not have been discussed with the children present.

Talking to the parents was mentioned as the second part of the process, after the pedagogues had discussed the case and agreed that there was a problem. Having the support of the other pedagogues is necessary when discussing such sensitive issues as internalizing behavior or other special needs. Talking to the parents too soon can cause mistrust in the relationship between parents and pedagogue. If for example the pedagogue asks for a meeting to discuss something which the parents do not think is a problem, they might get worried and make the case worse. This is especially true if it turns out to be a transient event, something that was just a phase the child was going through.

On the other hand, talking with parents is the only way you can find out if there is something going on at home that you need to know about. Having parents with a mental illness or parents going through a divorce or some other conflict can have a major impact on the child. Simply knowing about it and thereby knowing how to relate to the child can prevent problems from developing in the first place.

Social support can be a protective factor (Calkins, Blandon, Williford & Keane (2007). This is true both for the parent who is experiencing mental illness, divorce or other conflict, but also for the child. Knowing as much as possible about the situation, it is much easier to talk

about the problem and to let the child know that it is not their fault, and that they are not alone. By knowing what is going on at home, the people in kindergarten can ask the right questions and thereby better understand how to help the child.

The International Child Development Programme (ICDP) can be a good start when trying to implement measures that will help children with internalizing behavior. Because of the way the program is structured, it focuses on findings positive,things about the parent/child relationship instead of just pointing out what is wrong (Rye, 2007). Having such a positive focus, makes it easier for parents to accept, and they might not get the feeling that someone else is telling them how to raise their child. Because the program is a so-called low-threshold program, all parents can be asked to participate and not just the parents who are experiencing the problems

5.6.3 External cooperation

External cooperation concerns all the institutions that the kindergarten cooperates with, who are not the employed in the kindergarten and not the parents. In Oslo, this includes the pedagogical resourceteam, pedagogical psychological services (PPT), child welfare services and various institutions who work with children's mental health.

Simply having all these external helpers does not do much unless the people who work in kindergarten know about them, and feel comfortable in picking up the phone and contacting them. The pedagogical resourceteam seems to be working closest with the kindergartens, and the anonymous discussion meetings are singled out as being especially useful.

D1 explains:

> *We can talk to the pedagogical resourceteam and discuss children anonymously. That makes the threshold for contacting them very low, because we don't need the parent's permission first. Then we discuss the case, and decide whether we should talk to the parents and refer the child to further.*

P1 also mentions the contacting the pedagogical resourceteam and discussing cases anonymously. The experiences are very positive, also in terms of gaining experience and getting advice from people who has seen the same things before.

D2 has participated in the anonymous discussions with the pedagogical resourceteam before, but not while working in this kindergarten. This is not to say that this kindergarten does not cooperate with the resource team, but because there are so many children, there is always a support pedagogue from the resourceteam present. This allows the kindergarten to work very closely with the resourceteam, to the extent that they almost consider the support pedagogue as part of their own team.

P2 talks about the same thing related to the child welfare services. It offers the same anonymity, where they can phone the child welfare services and ask questions related to a case without saying who they are or who the child is.

The participants in this study were all familiar with the pedagogical resourceteam and the child welfare services. They had worked with them before, so they felt that the threshold for picking up the phone and calling them was rather low. Those who find it easy, to make a phone-call just based on a gut-feeling, are the ones who have already been in touch with the resourceteam previously, or they have someone from the resourceteam in the kindergarten every day, so it's easy to just ask them to do an observation of a child or to participate in a meeting to weigh in their thoughts.

Then what about those who don't feel confident, not in trusting their gut-feeling, nor in contacting the resourceteam and asking for help? What about those who do not have the experience required or the confidence to pick up the phone and call someone who you do not know and ask for help? Because there are so many new kindergartens being built, there is a constant demand for new pedagogues. It is not unusual for someone to finish school and continue directly to a job as a pedagogical leader in a kindergarten, with responsibilities related to the identifying children with internalizing behavior and other special needs.

In a large kindergarten these new pedagogues might be on a team with several other, more experienced pedagogues. In these cases they have someone to ask for help, and someone to guide them in the right direction while they gain their own experience of what is normal and what is abnormal. In smaller kindergartens, these new pedagogues might be the only

pedagogue in the group, responsible both for the children as well as the assistants. In small kindergartens with few groups and therefore also few pedagogues, it becomes very important to establish a connection between the pedagogical resourceteam or PPT and the new pedagogue.

St.meld. 18 (2010-2011) conclude that PPT needs to work more closely with the kindergartens, as it was discovered that almost 75 percent of kindergarten staff judged the relationship between themselves and PPT as problematic.

5.6.4 Preventive measures

What was common for almost all the participants, was that when they were asked about whether the kindergarten had any preventive measures in place for children with special needs, they relied that they did not have anything specifically which they thought of as a preventive measure. But when they started talking about how they structured their days, and tried to explain in detail what a typical day would look like, a number of things came up which could be considered preventive measures in terms of children with internalizing behavior.

D1 talked about the change in activities where they had divided the children into age-groups. They had seen that by dividing into smaller groups, more children had the courage to speak up and participate. Even the quiet children, who might show signs of internalizing behavior, had started participating more and as a result of that showed a sense of achievement. The pedagogues also made sure that they talked to the parents on Monday morning, and asked several questions about what they had done over the weekend. This information was then used to aid the child in retelling the events of the weekend in front of a small group.

P1:

> *Sometimes it is enough to just sit next to the child and do the same activity as them. They don't even have to talk that much, just be present. Children use a lot of body language, and feel safe from having someone next to them. This is just something we do all the time, naturally.*

A1 also mentions dividing the group into smaller groups, when they have activities, eat their lunch and get dressed to go outside. By having fewer children in the same place at the same

time, it allows the adults to observe the interaction, and to see each child. Also, by having them in smaller groups, it is easier to figure out who the child connects with. Sometimes they might be in a group with someone they might not choose to spend time with on their own, but that they have a very good chemistry with. It is important that the adults notice this and tries to help the relationship move along. Like playing matchmaker.

In some ways, the structure and the way kindergarten is organized can be viewed as a preventive measure. The participants were asked whether or not they thought of the structure of the kindergarten as a preventive measure.

D1 thinks that perhaps one structure is not better or worse than the other, but that they both have positives and negatives. For children with internalizing behavior, finding a caregiver who they trust and who they connect with can be difficult in a kindergarten where there are only six to choose from. In the small kindergarten it is possible that all the adults know the child very well and know how to talk to them. But if the child does not have the right chemistry with either one of them, it does not really matter.

D2 sees things a little bit differently.

> *I think it is much more transparent in a small kindergarten with three groups, rather than in a large kindergarten with several buildings, many adults and many children. So I think it demands more of the people who work here, to be more conscious and professional. It is clearly easier to disappear in the crowd of 50 than in a smaller group of 18.*

It is not about having a flexible structure or a traditional structure, but that each kindergarten finds a structure that works for them, for the number of children, adults, rooms and activities. What works for large kindergartens probably does not work for small kindergartens, and they each have to work out what is best for the children in their context. It all comes down to structuring everyday so that all the children are seen, that they are safe and have a safe environment to explore.

Perhaps the most important aspect of the kindergarten is not the structure or how it is organized. Studies have shown that children under the age of three develop better social skills when they are part of small groups where three-year olds are the oldest, compared to larger groups where the three-year olds were the youngest (St.meld. 24, 2012-2013).

The main point in resilience theory is that a safe caregiver whom the child can trust, can act as a protective factor in the development of internalizing behavior and the like (Zahn-Waxler et al., 2000). So it seems that what matters in terms of identifying children with internalizing behavior, is less about the kindergarten and more about the people who work there.

5.7 Summary of the findings

Small and large kindergartens are not better or worse in terms of identifying children with internalizing behavior, they are simply different. It is, however, very important that the quality is at a certain standard, in terms of having enough educated, qualified staff that can be there for the children. In terms of structure, it is also important that there is certain stability in the people who work in the kindergarten. Children need to meet the same people every day and benefit from having a certain kind of predictability

When it comes to identifying children with internalizing behavior, it seems that everyone agrees that this is the job of the pedagogue, but that it is important to discuss what they think about each case in the group meetings or in team leader meetings. The directors are hesitant towards a national, systematic assessment scheme and fears that it will be perceived as telling the pedagogues that they are not good at their jobs. They want to trust that the pedagogues know what they are doing. At the same time, the directors, the pedagogues and the assistant agree that having some more structure in the identification process might be helpful in terms of making sure that no one is forgotten.

It is almost like some people are opposed to the idea of systematic assessment because it comes from the government and might be demanded of them. If, however, they were allowed to come up with the routines for identification themselves, they are all for it.

The findings related to the subjective prerequisites of the people who work in kindergarten, is just that, subjective. How confident a person feels in terms of being able to identify children with internalizing behavior depends both on educational background and previous experience. It seems that an education in for example psychology, which deals with identification processes in detail, can make the pedagogue confident in terms of knowing what to look for,

what is normal versus abnormal, and when to seek external help. For someone with a pedagogical educational background, it seems that experience makes up for the lack of focus on identification of internalizing behaviors in the program.

If you combine this finding with that of internal cooperation, where we see that directors, pedagogues and assistants first instinct is to discuss with each other when they have a gut-feeling, the solutions seems to be as simple as changing the rules related to employing pedagogues in kindergarten. By allowing people from other educational backgrounds, like psychology, special needs education and child welfare services, pedagogue-teams could be created which encompassed all areas of expertise.

Parent cooperation was both part of what the kindergarten staff does in order to identify children with internalizing behavior, as well as part of what they do in terms of helping these children, and as a preventive measure. It is part of the identification process as pedagogues talk to the parents to see if they have noticed the same thing, if the behavior occurs at home, and to try to find out if something is going on with the parents or the family which can cause the behavior. It is part of helping the children with internalizing behavior in that the pedagogues can suggest counseling programs like the ICDP, and it is part of prevention in that getting the parents to understand the problem, they might be able to change their relationship and be more responsive to the child.

Both the small and the large kindergarten also cooperate with both the pedagogical resourceteam and the child welfare services.

Several of the participants mentioned anonymous discussion groups as being the most helpful.

5.8 Considerations

Many students in the master program start out with a dream that their little study is going to change the world, have massive impact on the field of special needs education and make everything better. I think this is a healthy approach, to always aim for the stars. The fact is that each student's project uses such a small sample, that one cannot make any conclusions, it is difficult to generalize any findings outside the sample, and findings are often the same as someone else found just six months ago.

Internalizing behavior continue to be overlooked and overshadowed by children with externalizing behavior, who can be loud, disturbing and sometimes aggressive. These quiet children need someone else to be their voice, and to look out for their wellbeing. If my little interview study has made one kindergarten pedagogue question the behavior of one child, to pick up the phone and ask for assistance and to implement measure in order to prevent internalizing behavior from further developing, than this whole process has been worth it.

A limitation of the study is that fact that it was conducted in Oslo. Oslo, and perhaps other larger cities in Norway, has several pedagogical resourceteams who work closely with the kindergartens in the identification process. It would therefore be interesting to replicate the study in other parts of Norway, where they do not have pedagogical resourceteams, and the kindergartens contact the pedagogical psychological counseling services (PPT) directly.

Based on the findings from this study, both the fact that it was such a small study and how the participants answered the questions, making a national set of routines for identifying and assessing children with the hopes of discovering all children who experience difficulties seem near impossible. Each kindergarten, and each pedagogue have their own way of doing things, and each of them know what works best in their kindergarten.

5.8.1 Implications

In Oslo, in the district where this study took place, there is a course offered to all the new pedagogues who start working in the kindergartens. One of the issues with the identification process and the pedagogical resourceteam, was that it seemed like it was easy for the pedagogues who were already familiar with the team, to contact them again. A way this could be solved would be to invite the people who work with the pedagogical resourceteam to come to the course for the new pedagogues, so that they could get to know each other. It might be easier to call and ask for help, if the new pedagogues have a face to go with the name.

Another issue was that people who work in small kindergartens tend to think that small kindergartens are better, whereas people who work in larger kindergartens, think that bigger is better. There should be some sort of exchange system, where people from small kindergartens could visit for a few days in a large kindergarten, to observe, ask questions and reflect on their own structure and way of doing things. The same way people working in larger kindergartens

could visit a small kindergarten in order to see if anything they do there could be useful in a larger setting.

5.9 Concluding remarks

It is first and foremost the job of the pedagogue to discover children who are having difficulties. There are thousands of pedagogues and they all have different ways of identifying children with special needs.

The structure of the kindergarten matter, but there are advantages and disadvantages with each one. Small kindergartens have few people to cooperate with and ask for help in case someone gets sick or has a day off. Having only two groups is like having two separate kindergartens in one, because their needs are so different. In small kindergartens all the adults know each and every child, and know their story and how to work with them. It is easy to make decisions, because there are not so many people to discuss with and who have to have an opinion about everything.

In a large kindergarten, there are many people with different skills and competence in various fields, people from different backgrounds and with varying life experience. This makes discussions more fruitful, in that people can be more specialized, know a lot about a little instead of a little about a lot. The problem is that there are too many children in order to get to know all of them, all of their families and their life stories. It is a positive that there are usually someone else available to help out in case someone is ill, but at the same time it can be a negative because that person might not know the children and be just as much a stranger as someone taken in from the street.

In kindergarten, the law requires that the director and the pedagogue have relevant education. The law does not say anything about everyone else. Many kindergartens go to great lengths to only hire educated staff, and strive to have assistants who are educated child-and youth workers. This is a trade which combines theoretical and practical experience for high school students and qualifies them for work in kindergartens, after school programs and youth centers. Unfortunately, there are approximately 40 000 kindergarten employees who do not

have any kindergarten-related education at all. About half of these, 20 000, do not have any education apart from finishing high school. This can be a problem (St.meld. 24, 2012-2013).

To answer the research question of what kindergarten employees do in order to identify children with internalizing behavior, the answer is quite individual. The kindergartens say that they do not have any routines, but agree that a structured routine might be helpful and prevent some children from going unnoticed. Specific measures are not developed for children with signs of internalizing behavior, but strategies to ensure that all children are cared for is part of everyday life.

But perhaps just as important as the years of education, is the stability of the people who work with the children. Children with internalizing behavior need consistency and predictability

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Appendix I

INTERVIEWGUIDE – ENGLISH VERSION

BRIEFING

- About the research project
- About the tape recorder – how does it work and why is it used
- Have you received and read the information letter?
- Confidentiality and anonymity
- Sign letter of consent
- Any questions before we begin?

BACKGROUND

- Could you say something about your background?
- How long have you been working in kindergarten?
- In this kindergarten?
- Can you describe how this kindergarten is organized?
- If person has worked in other kindergartens before – How is this compared with other kindergartens?

IDENTIFYING INTERNALIZED BEHAVIOR

- How would you describe the term internalized behavior? What do you think of?
- What kind of behaviors cause you concern?
  - What are the signs that you notice?
- What are the challenges related to children with internalized behavior?
  - How do you react emotionally?
- What do you do if you have a "gut feeling" that something is wrong? Not the way it is supposed to be?
- Who would you talk to about your concern?

ROUTINES

- Does the kindergarten do anything specifically in order to discover this type of behavior?
  - Do you have any routines?
- If so, what are those routines?
  - Could you give some examples?
  - Are they systematic routines implemented on a regular basis?
  - Involving the general developmental process of the child?
  - How the child interacts with others?
  - How the child interacts with the parents?
  - How the child interacts with other adults?
- If the kindergarten does not have routines, do you see any advantages or disadvantages in having such routines?
- Who is responsible for making sure the routines are followed/implemented?
- How is the division of responsibilities in terms of the identification process?
  - What is your responsibility?

APPLICATION

- What type of measures do you think would be helpful for a child with internalizing behavior?
- What could be the reason that this is so important?
- Can you describe how you work with the children?
  - On a daily basis, related to discovering behavior?
  - What do you emphasize?
  - Meals, play, getting dressed and so on.
- Do you feel the need to cooperate with others?
  - Internal cooperation
  - External cooperation

- Have you ever been offered courses, seminars, counseling related to internalizing behavior in children?

PREVENTING

- What do you think could be protective factors in terms of children with internalizing behavior?
- What could increase the risk?
- How do you think the kindergartens structure affect how children get discovered, and how they work with children with internalizing behavior?
- To what extent do you have preventive measures already implemented in your kindergarten?
- How does this work on a daily basis?
- Can you describe how you work in relation to preventing internalizing behavior?
- What do you see as important when it comes to prevention?
- Do these measures encompass all children?
  - If no, which children?

DEBRIEFING

- Do you feel you got anything out of reflecting around these topics?
- Do you have any questions?
- Is there anything you would like to mention that I didn't ask about?
- What do you think about the interview?

Appendix II

INTERVJUGUIDE – NORSK versjon

BRIEFING

- Om prosjektet
- Om lydopptakeren – hvordan den virker og hvorfor den brukes
- Har du fått og lest informasjonsbrevet?
- Konfidensialitet og anonymitet
- Taushetsplikt
- Signere samtykkeskjema
- Har du noen spørsmål før vi begynner?

BAKGRUNN

- Kan du si litt om hvilken bakgrunn du har?
- Hvor lenge har du jobbet i barnehage?
- I denne barnehagen?
- Kan du beskrive hvordan barnehagen er organisert?
- Hvis personen har jobbet i andre barnehager før – hvordan er denne bhg sammenlignet med andre barnehager?

OM Å IDENTIFISERE INTERNALISERENDE ATFERD

- Hvordan vil du beskrive begrepet internaliserende atferd? Hva tenker du på?
- Hva slags atferd gjør at du blir bekymret?
- Hva slags tegn legger du merke til?
- Opplever du noen utfordringer når det kommer til barn med innagerende atferd?
- Hvordan reagerer du rent følelsesmessig?
- Hva gjør du dersom du får en «mageføelse» at noe er galt? Ikke er som det skal?
- Hvem ville du snakket med om bekymringen din?

RUTINER

- Gjør dere noe spesifikk for å avdekke denne typen atferd?
- Har dere noen rutiner?
- I så fall, hva er de rutinene?
  - Kan du gi noen eksempler?
  - Er det systematiske rutiner som blir gjennomført regelmessig?
- Har dere noen bestemte temaer som dere har fokus på?
  - Involverer det også barns generelle utvikling?
  - Hvordan barnet samhandler med andre?
  - Hvordan barnet samhandler med foreldrene?
  - Hvordan barnet samhandler med andre voksne?
    - Hvis barnehagen ikke har rutiner, ser du fordeler og ulemper med å ha slike rutiner?
- Hvem er ansvarlige for at rutiner blir fulgt/gjennomført?
- Hvordan er ansvarsfordelingen i forhold til identifiseringsprosessen?
  - Hva er din rolle?

GJENNOMFØRING

- Hvilke tiltak tror du ville være hjelpsomme for barn med internaliserende atferd?
- Hva kan være grunnen til at akkurat dette er viktig?
- Kan du beskrive hvordan du jobber med barna?
  - I det daglige, med hensyn til å oppdage atferd?
  - Hva vektlegger du?
  - Måltid, lek, påkledning osv.
- Føler du at du har behov for samarbeid med andre?
  - Internt samarbeid
  - Eksternt samarbeid
- Har du noen gang blitt tilbudt kurs, seminar, veiledning relater til internaliserende atferd hos barn?

FOREBYGGING

- Hva tenker du at kan være beskyttende faktorer med hensyn til barn med internaliserende atferd?
- Hva kan øke risikoen?
- Hvordan tror du barnehagens struktur påvirker hvordan barn blir oppdaget, og hvordan det jobbes med barn med innagerende atferd?
- I hvilken grad har dere allerede begynt forebyggende tiltak i din barnehage?
- Hvordan fungerer dette i hverdagen?
- Kan du beskrive hvordan du jobber med hensyn til å forbygge internalisernde atferd?
- Hva anser du som viktig i forhold til forebygging?
- Gjelder disse tiltakene for alle barna?
  - Hvis nei – Hvilke barn?

DEBRIEFING

- Føler du at du fikk noe ut av å reflektere rundt disse temaene?
- Har du noen spørsmål?
- Er det noe du vil nevne som jeg ikke har spurt deg om?
- Hva synes du om intervjuet?

Appendix III Information letter in English

Invitation to participate in interview study

My name is Tonje Ellingsen and I am studying Special Needs Education at the University of Oslo. In my final thesis, I would like to investigate how kindergartens work with children who show signs of internalizing behavior.

I would like to interview the director of the kindergarten, as well as one pedagogue and an assistant working with children between the age of three and six. The interviews will consist of open ended questions related to the kindergartens opportunity to identify and help children who show signs of internalizing behavior. There will also be some questions regarding which experiences the kindergarten has with cooperating with external partners. I would like to conduct interviews in one large and one small kindergarten, and each interview will last for about an hour. The interview will be recorded using an audio-recorder and no one else will have access to the data. The written material will be anonymous to the extent it is possible in the finished master thesis, and will not be recognizable outside the kindergarten. There will be an opportunity to check quotes before publication.

When the master thesis is delivered and approved, the audiotapes will be deleted and the raw data will be made anonymous. The project has been reported to the Data Protection Official for Research, Norwegian Social Science Data service (NSD), who have given their approval. The end of the project is set to 30th of August, 2013.

Participation in a research project is voluntary and the informant has the right to withdraw at any time without any questions asked. The informant will be given the opportunity to voice their opinion and to share with others how the kindergarten operates. Having worked in kindergarten for many years, I value the staff's opinion as they are the ones working with the children on a daily basis. Participation will therefore be greatly appreciated.

The informants will be asked to sign a consent form in advance of the interview.

Should there be any questions, please do not hesitate to contact me.

Thank you for your time.

Sincerely,

Tonje Ellingsen

Email: .....

Appendix IV Information letter in Norwegian

Invitasjon til å delta i intervjustudie

Mitt navn er Tonje Ellingsen og jeg studerer Special Needs Education (Spesialpedagogikk) ved Universitetet i Oslo. I min masteroppgave vil jeg gjerne se nærmere på hvordan barnehager jobber med barn som viser tegn til innagerende atferd i barnehagen.

Jeg vil gjerne intervjue styreren i barnehagen, en pedagogisk leder og en assistent/barne- og ungdomsarbeider som arbeider sammen med de barna som er mellom tre og seks år. Intervjuene vil bestå av åpne spørsmål som omhandler barnehagens muligheter til å fange opp og hjelpe barn som viser innagerende atferd. Det vil også være spørsmål med hensyn til hvilke erfaringer barnehagen har med eksterne samarbeidspartnere. Jeg vil gjerne gjennomføre intervjuer i en stor og en liten barnehage, og hvert intervju vil vare i omtrent en time. Intervjuet vil bli tatt opp på en lydopptaker men ingen andre vil ha tilgang til materiale. Datamaterialet vil anonymiseres så langt det er mulig i den ferdige masteroppgaven, og vil ikke være gjenkjennelig utenfor barnehagen. Det vil bli anledning til sitatsjekk før publisering.

Når masteroppgaven er levert og godkjent, vil lydopptakene slettes og rådata anonymiseres. Prosjektet er meldt inn til Personvernombudet for forskning, Norsk Vitenskapelig Datatjeneste (NSD) som har gitt sin godkjennelse. Dato for prosjektslutt er satt til 30.08.2013.

Deltakelse i studien er frivillig og informanten har rett til å trekke seg til enhver tid uten at det vil bli stilt noen spørsmål. Informanten vil få mulighet til å uttrykke sin mening og å få dele med andre hvordan barnehagen arbeider. Etter å ha jobbet i barnehage i flere år, verdsetter jeg de ansattes mening ettersom det er de som jobber med barna til daglig. Deltakelsen vil bli umåtelig satt pris på.

I forkant av intervjuet vil informantene bli bedt om å fylle ut et samtykkeskjema

Skulle det være noen spørsmål, ta gjerne kontakt.

På forhånd takk.

Med vennlig hilsen,

Tonje Ellingsen

Epost: ...

Appendix V

Letter of consent

Title: Identifying children with internalizing behavior in kindergarten

Main researcher: Tonje Ellingsen, student at the University of Oslo, Master of Special Needs Education

Email:

Supervisor: Marit Dalset, University of Oslo, ISP.

Email:

- I understand that this study will be handed in and might be published and made available online through the University of Oslo.
- I understand that the information I provide cannot be directly traced back to me. My name or place of work will not appear in the written paper, and information will not be recognizable outside the kindergarten.
- The raw data will be made anonymous once the thesis has been delivered and approved. The audiotapes will be deleted once the project is finished.
- The end of the project is set to 30th of August, 2013.

☐ I would like to participate.

Full name: …….

Date, signature: …….

Phone number: ……

Appendix VI Letter of consent – in Norwegian

Samtykke

Tittel: Identifsering av barn med innagerende atferd i barnehagen.

Hovedforsker: Tonje Ellingsen, student ved Universitetet i Oslo, Master i Special Needs Education

Epost:

Veileder: Marit Dalset, Unisersitetet i Oslo, ISP

Epost:

- Jeg er inneforstått med at denne studien vil bli levert inn og kan bli publisert og gjort tilgjengelig via internett gjennom universitet i Oslo.
- Jeg er inneforstått med at den informasjonen jeg gir ikke kan spores direkte tilbake til meg. Mitt navn og navnet på min arbeidsplass vil ikke bli nevnt i det skriftlige dokumentet, og informasjonen vil ikke være gjenkjennelig utenfor barnehagen.
- Datamaterialet vil bli anonymisert når oppgaven er levert og godkjent. Lydopptakene vil bli slettet ved prosjektslutt.
- Prosjektslutt er satt til 30.08.13.

☐ Jeg vil gjerne delta i studien.

Fullt navn: .....

Dato, signatur: .....

Telefonnummer: .....

Appendix VII

~~Norsk~~ samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

NSD

Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Marit Dalset
Institutt for spesialpedagogikk
Universitetet i Oslo
Postboks 1140 Blindern
0318 OSLO

Vår dato: 06.08.2012 Vår ref:31053 / 3 / IB Deres dato: Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 12.07.2012. Meldingen gjelder prosjektet:

31053	*Identification of Children with Socio-emotional Difficulties in Kindergarten*
Behandlingsansvarlig	*Universitetet i Oslo, ved institusjonens øverste leder*
Daglig ansvarlig	*Marit Dalset*
Student	*Tonje Ellingsen*

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, eventuelle kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://www.nsd.uib.no/personvern/prosjektoversikt.jsp.

Personvernombudet vil ved prosjektets avslutning, 30.06.2013, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Vigdis Namtvedt Kvalheim

Inga Brautaset

Inga Brautaset tlf: 55 58 26 35
Vedlegg: Prosjektvurdering
Kopi: Tonje Ellingsen,